MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

6401

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Cheverly, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Prince Georges General Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1530 Rhode Island Ave. N.E.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Edward Ernest Bailey, Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6.(b) Name of husband or wife Mary Beckett Bailey

6.(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) May 5, 1901

8. AGE: Years	Months	Days	If less than one day
47	1	9	..... hrs. ..... min.

9. Birthplace Winchester, Virginia (Town, county, and state)

10. Usual occupation Supt of Licenses

11. Industry or business Dist. Govt.

FATHER 12. Name Edward E. Bailey

13. Birthplace Winchester, Va.

MOTHER 14. Maiden name Mary Elizabeth Sorrenson

15. Birthplace Plym. Point, Md.

16. Informant Emily Bailey Bullock

Address 4221 Sheridan St. Hyatts. Md.

17. Burial, cremation, or removal. Which? Burial Date thereof 6/16/48 (month) (day) (year)

Cemetery or crematory Ft Lincoln

Location Colmar Manor Md

18. Funeral director E. Gasch & Sons

Address Hyattsville Md

19. 6/15 1948 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13 19 48 at 12.05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary Thrombosis	1 hr.
Due to Sudden -	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE John D. Maloney Dep. Md Exam M. D. or other

Address Cheverly-Hyattsville Date signed 6-15-48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 17 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

118

6402

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:
County Prince Georges Co
City or town Berwyn, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Prince Geo
City or town 8605 - 60th Ave
(If outside city or town limits, write RURAL and give nearest town)
Street No. Berwyn Heights Md.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Emily Porter Blair

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6.(b) Name of husband or wife Ernest A. Blair
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1886.

8. AGE: Years 61 | Months 7 | Days 14 | If less than one day ..... hrs. ..... min.

9. Birthplace Maine (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Cyrus E. Robinson
13. Birthplace Maine

MOTHER
14. Maiden name Edwina Leavitt
15. Birthplace Maine

16. Informant Mrs. P. J. Byrne - Daughter
Address 4806 - Tecumseh St. Berwyn Md.
17. Burial, cremation, or removal. Which? transportation Date thereof June 23 1948 (month) (day) (year)
Cemetery or crematory Bybee Cemetery
Location Gordonsville Va
18. Funeral director F. Gaschi sons
Address Hyattsville Md.

19. June 21 1948 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20. 1948 abt 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1948 to June 20 1948
and that I last saw h alive on 19

Immediate cause of death	DURATION
Acute cardiac failure	Sudden
Due to Acute Indigestion	12-15 hours
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Allen Griffith M. D. or other
Address Berwyn Md Date signed 6/21/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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JUN 23 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6403

124 b

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Prince George's

City or town Cheverly, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Prince George's General Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Chillum Md RFD 1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Margaret Boarman

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	~~Married~~ Divorced

6.(b) Name of husband or wife Divorced

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24. 1900

8. AGE: Years	Months	Days	If less than one day
48	3	21	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Lewis F. Souder

13. Birthplace Md.

MOTHER 14. Maiden name M. Lenhart

15. Birthplace Washington, D. C.

16. Informant Roland L. Boarman

Address Hyattsville, Md.

17. Burial- Ft. Lincoln Date thereof June 16, 1948 (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Ft. Lincoln

Location Colmar Mannor, Md.

18. Funeral director J. Bassil Sons.

Address Hyattsville Md.

19. 6/16 1948 Amanda Downey

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1948 at 3:20 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1948 to June 14 1948 and that I last saw h... alive on June 14 1948

	DURATION
Immediate cause of death Cerebral Hemorrhage	4 days
Due to	
Due to	
Other conditions Carcinoma of Liver	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results As above stated

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elbert R. Wolf M. D. or other

Address Hyattsville Md Date signed 6-15-48

RECEIVED
JUN 18 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159 6404

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince Georges County

City or town: Cheverly, Md.
(If outside city of town limits, write RURAL and give nearest town)

How long in above place of death? 1 Day-1 Hour

Hospital, institution, or street address where death occurred:
Prince Georges General Hospital

How long in hospital or institution? 1 Day - 1 Hour

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: North Carolina ~~Va~~ County: —

City or town: —
(If outside city or town limits, write RURAL and give nearest town)

Street No.: — (If rural, give LOCATION) Portsmouth

2.(a) If veteran, name war: 239 Dawley Blvd. ✓

3.(a) FULL NAME: Bost, ~~Baby~~ TERECIA LOUISE

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: ... years

7. Birth date of deceased (mo., day, yr.): June 16, 1948

8. AGE: Years | Months | Days: 1 | If less than one day: 1 hrs. ... min.

9. Birthplace: Cheverly, Md Prince Georges County
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Floyd Bost

13. Birthplace: North Carolina

MOTHER — 14. Maiden name: Davis, ZENIA MAE

15. Birthplace: North Carolina

16. Informant:

Address:

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: 6-19-48 (month) (day) (year)

Cemetery or crematory: Prince Georges General Hospital

Location: Cheverly Md

18. Funeral director: A. F. Bailey, Sayet.

Address: Cheverly, Md.

19. 6/21/1948 (Date rec'd by registrar) Amanda W. Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17, 1948 19... at 2:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death: Prematurity	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. Clark Wolf M. D. or other

Address: Hyattsville Md Date signed: 6/18/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 23 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6405

83a

CERTIFICATE OF DEATH

Reg. Diat. No. 245

1. PLACE OF DEATH:
County: Prince Georges
City or town: Hyattsville, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 hrs
Hospital, Institution, or street address where death occurred:
800 Cox Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: New York County:
City or town: Lynbrook
(If outside city or town limits, write RURAL and give nearest town)
Street No. 15 Derrne St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Frank Joseph Boyne

3.(b) Social Security Number: 080-07-5246

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Married

6.(b) Name of husband or wife: Edna R Boyne
6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Mar 10, 1885

8. AGE:

Years	Months	Days	If less than one day
63	2	22	hrs. min.

9. Birthplace: Brooklyn, N. Y. (Town, county, and state)
10. Usual occupation: Fur grader & buyer
11. Industry or business

FATHER
12. Name: Frank J. Boyne
13. Birthplace: Brooklyn, N.Y.

MOTHER
14. Maiden name: Josephine Nagel
15. Birthplace: New York State

16. Informant: Frank J Boyne, Jr.
Address: 800 Cox Ave., Hyattsville, Md
17. Burial, cremation, or removal. Which? transportation Date thereof June 2, 1948 (month) (day) (year)
Cemetery or crematory: Lynbrook
Location: New York.
18. Funeral director: F Gascha Sons
Address: Hyattsville Md.
19. June 2 1948 (Date rec'd by registrar) James Devey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1948, at 4:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Sudden	
Cerebral Hemorrhage	2 hrs
Due to: Arteriosclerosis	?
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: John D. Maloney, M.D. Deputy Medical Examiner
M. D. or other
Address: Cheverly-Hyattsville Md Date signed 6-2-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete or illegible certificate is especially important. Physicians: please write the causes of death clearly and legibly

VS A15 9-45-15M

RECEIVED
JUN 4 1948
BUREAU V. S.

6406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157a

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:
County PRINCE GEORGE
City or town Laurel Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Months
Hospital, institution, or street address where death occurred: Davis Home for Children
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State DC County
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1447 - Somerset Pl. NW
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Marian Ruth Bugash

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	SINGLE

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Nov. 1946

8. AGE: Years	Months	Days	If less than one day
1	7		... hrs. ... min.

9. Birthplace WASHINGTON DC.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name NATHAN BUGASH
13. Birthplace RUSSIA

MOTHER
14. Maiden name Dorothy MAGRID
15. Birthplace PHILADELPHIA PA.

16. Informant NATHAN BUGASH
Address 1447 - SOMERSET PL. NW

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 10 - 1948 (month) (day) (year)
Cemetery or crematory Washington D.C.
Location Evergreen Cem.

18. Funeral director B. Davidsky & Sons
Address 3501 - 14th St. NW.

June 9 1948 M. Blakeney Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 9 1948, at 5:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 28 1948 to 6 9 1948 and that I last saw her alive on 6 8 1948

Immediate cause of death	DURATION
Terminal Pneumonia	1 day.
Due to Hydrocephalus	18 mo.
Large letters on scalp.	-
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E P Warren M. D. or other
Address ... Date signed 6-9-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

11-1946

1-7

6-8-1948

718

RECEIVED
JUN 11 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

166

6407

CERTIFICATE OF DEATH

Reg. Diat. No. 245

1. PLACE OF DEATH:
County: Prince Georges
City or town: Riverdale
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 hour
Hospital, Institution, or street address where death occurred:
Leland Memorial Hospital
How long in hospital or institution? 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pr. Georges
City or town: Colmar Manor, Brentwood
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3602 43rd Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Charles Franklin Caldwell

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Margaret Caldwell
6.(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): January 22, 1912

8. AGE: Years	Months	Days	If less than one day
36	4	21	hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual occupation: Police Officer
11. Industry or business
FATHER — 12. Name: William Caldwell
13. Birthplace: Washington, D.C.
MOTHER — 14. Maiden name: Josephine Carnell
15. Birthplace: Washington, D.C.
16. Informant: Margaret Caldwell
Address: 3602 43rd Avenue
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16, 1948 (month) (day) (year)
Cemetery or crematory: Ft Lincoln
Location: Colmar Manor Md
18. Funeral director: F Grachia sons
Address: Hyattsville Md.
19. June 14 1948 (Date rec'd by registrar) James Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1948, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Multiple gun shot wounds of abdomen & chest	Sudden
Due to: Hemorrhage & shock	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: Same
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: homicide Date of 6-12-48
Where did injury occur? Fairmont Hts., Pr. Geo., Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John J. Malone, M.D. Dep. Med. Exam. M. D. or other
Address: Cheverly-Hyattsville Date signed 6-13-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 15 1948
BUREAU V. S.

AGE: Letter from Dr. Hageage
Filmed G116 7-19-4 8 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6408

97

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Prince George's
City or town: Cheverly, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 42 days
Hospital, Institution, or street address where death occurred:
Prince Georges General Hospital
How long in hospital or institution? 42 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Cheverly
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3020 3200 Laurel Ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: William Clements Sr.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Married

6.(b) Name of husband or wife: Mrs. Catherine Clements
6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Sept. 9, 1875/ 1874

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
72/ 73	9	13		

9. Birthplace: Washington, DC (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business:

FATHER
12. Name: Wm. J. Clements
13. Birthplace: ?

MOTHER
14. Maiden name: Barbara Minikin
15. Birthplace: Germany

16. Informant: Hospital Records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18, 1948 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Washington, D.C.
18. Funeral director: Wm. J. Nalley
Address: 3200 R.I. Ave., Mt. Rainier, Md.
19. 6/17 1948 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June, 15 1948, at 8:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/2 1948 to 6/15 1948 and that I last saw h... alive on 6/15 1948

	DURATION
Immediate cause of death: Hypertrophied prostate Uremia, Cystitis pneumonia, bilateral terminal [illegible] (48 abs.)	
Due to: Bilateral Hydronephrosis	
Due to: Senile arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George Hageage M. D. or other
Address: 3117-38th St. Date signed: 6/15/48

RECEIVED
JUN 19 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6409

137

Reg. Dist. No. 237

1. PLACE OF DEATH:

County: Pr. Geo. Co.

City or town: Mellwood.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year.

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Prince Georges.

City or town: Melwood
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Alice Marie Coffren

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Edward Lee Coffren, Jr.

6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): Oct. 28. 1887

8. AGE: Years	Months	Days	If less than one day
60	8	2	...hrs. ...min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: at Home.

11. Industry or business

FATHER — 12. Name: Robert Lee McKinley

FATHER — 13. Birthplace: Washington, D.C.

MOTHER — 14. Maiden name: Marion Murphy

MOTHER — 15. Birthplace: Washington, D.C.

16. Informant: Edward Lee Coffren, Jr.

Address: Mellwood, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3, 1948 (month) (day) (year)

Cemetery or crematory: Trinity Episcopal

Location: Upper Marlboro, Maryland

18. Funeral director: Ritchie Bros.

Address: Upper Marlboro, Md.

19. July 1 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Wed. June 30, 1948, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25 June 1948, to 30 June 1948 and that I last saw h.e. alive on 30 June 48. 19...

Immediate cause of death	DURATION
Bilateral chr exudative Pulmonary Tuberculosis	2 wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: B B Lancer MD
M. D.

Address: Upper Marlboro Md Date signed 30 Jun 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 2 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

108 6410 245

CERTIFICATE OF DEATH .

Reg. Dist. No. .....

1. PLACE OF DEATH:
County ..... Mt. Rainier Prince George
City or town ..... (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? .....
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Mt Rainier
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4218 - 28 — Street
(If rural, give LOCATION)
2.(a) If veteran, name war .....

3.(a) FULL NAME COHN, DORA

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife CHARLES COHN
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 84 | Months — | Days — | If less than one day ..... hrs. — min.

9. Birthplace Poland (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Unknown
13. Birthplace Poland

MOTHER 14. Maiden name Unknown
15. Birthplace Poland

16. Informant Jennie Sigderhouse
Address 4218 - 28th St. Mt. Rainier

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-27-48 (month) (day) (year)
Cemetery or crematory Adas Israel Cem.
Location Washington D.C.

18. Funeral director B. Nagansky & Son
Address 3501 - 14th St. NW.

19. June 26 1948 Jans Bekey. Washington D.C.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948 at 9:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to June 25 1948 and that I last saw her alive on June 25 1948

Immediate cause of death	DURATION
Lobar Pneumonia	2 days
Due to	
Due to	
Due to	
Other conditions Coronary Heart Disease	1 year

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Samuel J. Sugar MD M. D. or other
Address 4300 Rainbow Drive Mt. Rainier, Md Date signed June 25 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUN 28 1948
BUREAU V. S.

6411

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

472

Reg. Dist. No. 231

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: C. Geo. Co.
City or town: Cheverly (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 days
Hospital, institution or street address where death occurred: Dr. Geo. Gen. Hosp
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother)
State: Md. County: Pr. Geo. Co.
City or town: Bladensburg (If outside city or town limits, write RURAL and give nearest town)
Street No. 4707 - Annapolis Rd. (If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME MARY H. COOPER

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	N	Married

6.(b) Name of husband or wife: Clarence E. Cooper — 6.(c) If alive, give age: ... years

7. Birth date of deceased (mo., day, yr.): Feb. 16 - 1894

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
54	4	9		

9. Birthplace: Mt. Airy, Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Md

MOTHER
14. Maiden name: Unknown - Watkins
15. Birthplace: Md

16. Informant: Clarence E. Cooper
Address: 4707 Annapolis Rd. Bladensburg

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 28, 1948 (month) (day) (year)
Cemetery or crematory: Prospect Meth. Ch., Mt. Airy, Md
Location: Montgomery Co., Md.
18. Funeral director: D. H. Saunders Co.
Address: 5801 Cleveland Ave., Riverdale, Md
19. 6/25/48 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25, 1948, at 8:50 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 1, 1944, to June 25, 1948
and that I last saw h... alive on June 25, 1948

Immediate cause of death	DURATION
Carcinoma of Rt. Lung	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Roscoe Nesbit M.D.
M. D. or other
Address: Hyattsville, Md. Date signed: 6-28-48

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JUN 30 1948
BUREAU V. S.

6412

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48b

CERTIFICATE OF DEATH

Reg. Dist. No. 239

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS A15 9-45-15M

1. PLACE OF DEATH:
County: PRINCE GEORGES
City or town: LAUREL Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
WARRENS HOSPITAL
How long in hospital or institution? 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: MONTGOMERY
City or town: FAIRLAND
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.F.D. 2, SILVER SPRING
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Miss JUNIA BOAZ COTTON

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	SINGLE

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): MAY 4, 1879

8. AGE:

Years	Months	Days	If less than one day
69	1	12	hrs. min.

9. Birthplace: MARION COUNTY, INDIANA.
(Town, county, and state)
10. Usual occupation: RETIRED SOCIAL WORKER
11. Industry or business: INDIANAPOLIS, IND. SCHOOLS.

FATHER
12. Name: THOMAS D. COTTON
13. Birthplace: KENTUCKY.

MOTHER
14. Maiden name: HARRIET CONWELL.
15. Birthplace: MARION COUNTY, IND.

16. Informant: Miss MILDRED MURPHY.
Address: FAIRLAND, Md., R.F.D. 2, SILVER SPRING

17. BURIAL. Date thereof: JUNE 21, 1948.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: CROWN HILL CEMETERY
Location: INDIANAPOLIS, MARION Co., INDIANA.

18. Funeral director: J. ARTHUR WALTERS
Address: 505 WASHINGTON BLVD., LAUREL, Md.

19. June 17 19 48 M. Brashears
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 19 48 at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 19 47 to June 16 19 48 and that I last saw h... alive on June 16 19 48

Immediate cause of death: Metastatic Carcinoma of lungs & brain — DURATION: 2 mo.

Due to: Primary Carcinoma of uterus — DURATION: 1 year

Due to: — DURATION:

Other conditions: — DURATION:

(Include pregnancy within 3 months of death)

Major findings of operations: Adeno Carcinoma of Uterus Date of op. 1947

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. Stephens, M.D.
M. D. or other
Address: Laurel, Md. Date signed: 6/17/48

RECEIVED
JUN 19 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170 C

6413

CERTIFICATE OF DEATH

Reg. Dist. No. 2-13

1. PLACE OF DEATH:

County: Prince Georges

City or town: Mitchellville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death: transient

Hospital, institution, or street address where death occurred:

Route 3 01

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Newberg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Edgar Morris Coulby

3.(b) Social Security Number

4. Sex: male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Irene Coulby

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 14, 1901

8. AGE: Years: 46 Months: 7 Days: 15 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Seafood business

11. Industry or business:

FATHER

12. Name: William Coulby

13. Birthplace: Maryland

MOTHER

14. Maiden name: Florence Smith

15. Birthplace: Indiana

16. Informant: Irene Coulby

Address: Newberg, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 2 1948 (month) (day) (year)

Cemetery or crematory: wayside Cemetery

Location: wayside Md

18. Funeral director: F Gracheson's

Address: Hyattsville Md

19. 6/30 1948 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29 1948 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Hemorrhage and shock	
Due to: Crushed chest and abdomen	
Due to:	
Other conditions: Fracture of right leg	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of injury: 6-29-48

Where did injury occur: Mitchellville (City or town) Prince Georges (County) Md (State)

Injured at home, farm, industry, public place (where?): Rt 301

Person injured: driver in truck Injured at work: no

How injury occurred: Pinned in truck when it overturned

23. SIGNATURE: Signed M. D. or other

Address: Mitchellville Md Date signed: 6-29-48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6414

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 10 mos., 11 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 1 yr., 10 mos., 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1124 - 5th St., N. E.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: JULIA DANIELS

3. (b) Social Security Number: 243-16-7954

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Separated

6.(b) Name of husband or wife: Floyd Daniels

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): July 6, 1914

8. AGE: Years	Months	Days	If less than one day
33	11	6	..... hrs. ..... min.

9. Birthplace: Maysville, North Carolina (Town, county, and state)

10. Usual occupation: Packer, Giant Food Market

11. Industry or business: - - -

FATHER — 12. Name: Cleve Pettifer

13. Birthplace: ? North Carolina

MOTHER — 14. Maiden name: Georgia Jones

15. Birthplace: ? North Carolina

16. Informant: Deceased

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof June 12, 1948 (month) (day) (year)

Cemetery or crematory

Location: to Washington, D.C.

18. Funeral director: R. N. Horton Co.

Address: 1322 You St N W

19. June 12 1948 Rowland S. Phelps (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 12 1948 at 3 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 31 1946 to JUNE 12 1948 and that I last saw her alive on JUNE 12 1948

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 yr. 5 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Daniel Leo Finucan M.D. M. D. or other

Address: Glenn Dale, Md. Date signed 6-12-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 24 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1952 6415

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:
4305 - Russell Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Pr. George

City or town: Mt Rainier, Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4305 - Russell Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Kenneth Evan Derrickson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 9, 1948

8. AGE: Years 1 | Months | Days 11 | If less than one day ..... hrs. ..... min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Gardner Derrickson
13. Birthplace: Brooklyn, N.Y.

MOTHER
14. Maiden name: Doris Bauer
15. Birthplace: Frankfort G.M. Germany

16. Informant: Gardner F. Derrickson
Address: 4305 - Russell Ave, Mt Rainier

17. Cremation — Date thereof: June 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland Md.

18. Funeral director: E Gracia & Son

Address: Hyattsville Md.

19. June 21 1948 — Mrs. Jas. Devere, Deputy Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20, 1948, at 12.25 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Asphyxia	
Due to: Suffocation.	
Due to	
Other conditions: Upper respiratory infection. Coryza	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident — Date of: June 20, 1948

Where did injury occur? Home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: John J. Maloney, Dep. Med. Exam. M. D. or other

Address: Cheverly, Md. — Date signed: June 21, 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 23 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6416

97

Reg. Dist. No. 239

1. PLACE OF DEATH:

County: Prince George

City or town: Laurel, Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Prince George

City or town: Laurel, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Cecelia Dettmer

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widowed

6.(b) Name of husband or wife: Columbus Dettmer

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 17, 1857

8. AGE: Years: 90 | Months: 10 | Days: 14 | If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER — 12. Name: Joseph Zank

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: unknown

MOTHER — 15. Birthplace: unknown

16. Informant: Mrs. Minnie Wootten

Address: Laurel, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 4 1948 (month) (day) (year)

Cemetery or crematory: Mt. Olive Cemetery

Location: Randallstown, Md.

18. Funeral director: Dr. Wm. Donaldson

Address: Laurel, Maryland

19. June 4 1948 M. Brashears (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1 1948 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1947, to June 1 1948 and that I last saw h.e.r. alive on May 24 1948

Immediate cause of death	DURATION
Myocardial Failure	
Senility	1 Yr.
Due to: Arteriosclerosis	10 Yrs.
Due to:	
Other conditions: Cataracts	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. M. Warren M.D. M. D. or other

Address: Laurel Md. Date signed: 6/1/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 7 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C 6417

CERTIFICATE OF DEATH

Reg. Dist. No. 242

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Upper Marlboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Transient
Hospital, institution, or street address where death occurred: Hills Landing Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5102 Annapolis Road
(If rural, give LOCATION)
2.(a) If veteran, name war: World War II

3. (a) FULL NAME: Lee George Doran

3. (b) Social Security Number: 103-05-4994

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Claire A. Doran (nee Sorenson) 6.(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): Nov 24, 1919

8. AGE: Years: 28 Months: 5 Days: 10 If less than one day: ...hrs. ...min.

9. Birthplace: Brooklyn, N. Y. (Town, county and state)

10. Usual occupation: Newsreel Cameraman

11. Industry or business: Universal Pictures Co. Inc.

FATHER
12. Name: Arthur F. Doran
13. Birthplace: Brooklyn, N. Y.

MOTHER
14. Maiden name: Gertrude Brennan
15. Birthplace: Orange, N. J.

16. Informant: George Doran (uncle) Forest Hills N. Y.
Address: 69-11 Yellowstone Blvd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 8, 1948 (month) (day) (year)
Cemetery or crematory: Holy Cross
Location: Brooklyn, N. Y.

18. Funeral director: Ritchie Bros.
Address: Upper Marlboro, Md.

19. June 5 1948 (Date rec'd by registrar) Edna Gallmeyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1948, at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ...19..., to ...19...
and that I last saw h... alive on ...19...

Immediate cause of death	DURATION
Hemorrhage and Shock	
Due to: Crushed chest	
Crushed skull	
Due to:	
Other conditions: Multiple fractures left arm and forearm	7

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op. ...

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 6-4-48
Where did injury occur: Upper Marlboro (City or town) P.G. (County) Md. (State)
Injured at home, farm, industry, public place (where): Hills Landing Road
Means of injury: Jumped from a moving car in a head on collision with another car

23. SIGNATURE: Deputy Medical Examiner M. D. or other
Address: Forestville Md. Date signed: 6-4-48

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

59a

6418

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH:
County: Prince Georges
City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 21 yrs
Hospital, institution, or street address where death occurred: 6405 - 15 St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Geo.
City or town: Cedar Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6405 - 15 St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary Anne Dorsey

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: Negro
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Solomon Dorsey
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): July 7, 1875
8. AGE: Years: 73 Months: Days: If less than one day: ..... hrs. ..... min.
9. Birthplace: Montgomery Co., Md. (town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Charles Harris
13. Birthplace: Charles County, Va.

MOTHER
14. Maiden name: Mary Jones
15. Birthplace: Poolesville, Md.

16. Informant: Jessie Toney
Address: 3610 "P" St. N.W.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24, 1948 (month) (day) (year)
Cemetery or crematory: Moses Hall Cemetery
Location: Cabin John, Md.

18. Funeral director: Malcom & Schley Inc.
Address: 424 R. St. N.W.

19. June 20 1948 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1948 at 9:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1948 to June 20 1948 and that I last saw h.e.r. alive on June 19 1948

Immediate cause of death: Hypostatic Pneumonia — DURATION: 5 days

Due to: Senile Debilitation

Due to:

Other conditions: Atrophic Arthritis — 4 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: John W. Rout, M.D.
M. D. or other
Address: 5 L.S. - Eastern Ave. Date signed: 6-20-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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JUN 24 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13 b

6419

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 2 mos., 6 days

Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium

How long in hospital or institution? 1 yr., 2 mos., 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1706 B. St., N. E.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: DORSEY, THOMAS J

3.(b) Social Security Number: - - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: -

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 29, 1908

8. AGE: Years	Months	Days	If less than one day
39 39	9	11	hrs. min.

9. Birthplace: Adrian, South Carolina
(Town, county, and state)

10. Usual occupation: Battery Service

11. Industry or business: - - -

FATHER
12. Name: William Jackson Dorsey
13. Birthplace: ? North Carolina

MOTHER
14. Maiden name: Bessie Anderson
15. Birthplace: ? South Carolina

16. Informant: Deceased
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 6-9-1948 (month) (day) (year)

Cemetery or crematory:

Location: Washington D.C.

18. Funeral director: The S. H. Hines Co. R.W.G.

Address: 2901 - 14th St. N.W.

19. 6/9 (Date rec'd by registrar) 1948 Rowland S. Philips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1948 at 8 or 1 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1947 to June 9 1948 and that I last saw him alive on June 9 1948

Immediate cause of death	DURATION
Pulmonary Tuberculosis	15 months.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finnegan M.D.
M. D. or other

Address: Glenn Dale, Md. Date signed: 6/9/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

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JUN 14 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

166

6420

CERTIFICATE OF DEATH

Reg. Dist. No. 7-31

1. PLACE OF DEATH:
County Pr. Georges County
City or town Mitchellville, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Georges
City or town Mitchellville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Bosal Edward Duval

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26. 1913

8. AGE: Years 35 | Months 3 | Days 24 | If less than one day hrs. min.

9. Birthplace Mitchellsville Md (town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Philip Duvall
13. Birthplace Mitchellsville Md

MOTHER 14. Maiden name Maggie Wood
15. Birthplace Mitchellsville Md

16. Informant Philip Duvall
Address Mitchellsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 23. 1948 (month) (day) (year)
Cemetery or crematory Holy Family Church
Location Woodmore Md

18. Funeral director Clarence Foreacre
Address Mitchellsville Md

19. 6/22 1948 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Gunshot wound of chest	
Due to #12 guage shotgun.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Homicide Date of 6-19-48
Where did injury occur? Mitchellville, Pr. Geo. Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Gunshot wound injured at work?

23. SIGNATURE John J. Maloney Dep. Med. Exam M. D. Other
Address Cheverly-Hyattsville Date signed 6-20-45

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6421

107

CERTIFICATE OF DEATH

Reg. Diat. No. 234

1. PLACE OF DEATH:

County Prince Georges

City or town Silesia, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Geo Co.

City or town 811 S Livingston Rd SE DC 20.

(If outside city or town limits, write RURAL and give nearest town)

Street No. See above

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME James Richard Edelen Sr

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife Mary Josephine Robey Edelen

Deceased 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 3 1858

8. AGE: Years 90 | Months — | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Piscataway, Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name Philip Richard Edelen

13. Birthplace St Marys County Md

MOTHER 14. Maiden name Frances Steed

15. Birthplace Norfolk, Va.

16. Informant James H. Edelen

Address 811 S Livingston Rd DC 20

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26 1948 (month) (day) (year)

Cemetery or crematory St John's Cemetery

Location Broad Creek Md.

18. Funeral director Arthur E. Simmons

Address 2007 Nichols Ave SE

19. June 24 1948 (Date rec'd by registrar) Howard J. Brase Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1948 at 12 05 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21 1948, to June 24 1948 and that I last saw h.. alive on June 23 1948

Immediate cause of death	DURATION
Bronchio Pneumonia	6 days
Due to —	
Due to —	
Other conditions Senile Arteriosclerosis	Unk. known

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or Other

Address Washington 19 DC Date signed June 24 1948

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUL 1 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6422

93d

CERTIFICATE OF DEATH

Reg. Diat. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Cheverly, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 days

Hospital, institution, or street address where death occurred:

Prince Georges General Hospital

How long in hospital or institution? 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Capitol Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No. 804- 60th Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Mrs. Florence Ennis

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	~~Married~~ Widow

6.(b) Name of husband or wife Mr. James E. Ennis

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1872

8. AGE: Years	Months	Days	If less than one day
76	4	17	..... hrs. ..... min.

9. Birthplace DC (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name James J King

13. Birthplace Maryland

MOTHER 14. Maiden name Margaret A Downey

15. Birthplace D.C.

16. Informant Mrs E. M. Grimes

Address 406 - 5th ave Cap. Hgts, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12, 1948 (month) (day) (year)

Cemetery or crematory Ft Lincoln

Location Washington D.C.

18. Funeral director Robert A Brattinghy

Address 131 - 11th St S.E. Washington D.C.

19. 6/9 1948 Amanda Downey

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1948 19 48 at 2:05 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22 May 1948 to 9 June 1948 and that I last saw h... alive on 9 June 1948

Immediate cause of death	DURATION
Cerebral vascular accident	4 days.
Due to Annular fibrillation	
Due to Arteriosclerotic cardio-vascular disease	
Other conditions Gangrene of right leg due to popliteal artery thrombosis	

(Include pregnancy within 3 months of death)

Major findings of operation Amputation of right leg above knee Date of op. 29 May 48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE John N. Shadid M.D. M. D. or other

Address 900 17th St NW Wash DC Date signed 9 June 48

M

I

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 11 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6423

13 b

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Md. (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs., 2 mo., 27 days

Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium

How long in hospital or institution? 2 yrs., 2 mo., 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1615- Swann St., N.W., Apt. #10
(If rural, give LOCATION)

2.(a) If veteran, name war: –

3.(a) FULL NAME: Joseph L. Evans

3.(b) Social Security Number: 577-09-8459

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Col.	married

6.(b) Name of husband or wife: Mary Evans

6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Jan. 3, 1878

8. AGE: Years: 70 | Months: 5 | Days: – | If less than one day: ....hrs. ....min.

9. Birthplace: Fauquire, Va.
(Town, county, and state)

10. Usual occupation: doorman, theatre

11. Industry or business: –

FATHER
12. Name: Lawson Evans
13. Birthplace: ? Va.

MOTHER
14. Maiden name: Maria Butler
15. Birthplace: ? Va.

16. Informant: deceased
Address

17. (Burial, cremation, or removal. Which?) Removal Date thereof: 6/2/48 (month) (day) (year)

Cemetery or crematory:

Location: Washington DC

18. Funeral director: L. V. Eynaud Sons Co.

Address: 1432- Harvard St. N.W.

19. June 2, 1948 (Date rec'd by registrar) Rowland S. Phillips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1948 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1946 to June 2 1948 and that I last saw h/ him alive on June 2 1948

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 yr. 8 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other

Address: Glenn Dale, Md. Date signed: 6/2/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

932 6424

Reg. Dist. No.

M

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Pr. George

City or town Hyattsville, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months & 20 days

Hospital, institution, or street address where death occurred: Mother Joseph Rest Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. George

City or town Hyattsville, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Riggs Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Oscar R. Falkenwald.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
Male	White	Married

6.(b) Name of husband or wife Emma Falkenwald

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 8, 1870

8. AGE: Years 78 | Months 5 | Days 10 | If less than one day ..... hrs. ..... min.

9. Birthplace Scotland (Town, county, and state)

10. Usual occupation Retired mechanic

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Scotland

MOTHER 14. Maiden name Unknown

15. Birthplace Scotland

16. Informant Mrs. Libbie May Burgess

Address Riggs Road - Hyattsville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-22-48 (month) (day) (year)

Cemetery or crematory Baltimore Cemetery

Location Baltimore, Maryland

18. Funeral director Albert L. Tilt Jr.

Address 1606 N. Chester Street

19. June 21, 1948 (Date rec'd by registrar) a. W. Hefner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948 at 6.25 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Coronary Thrombosis	Sudden
Due to Hypertensive Cardio-vascular disease	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury ..... Injured at work?

23. SIGNATURE John D. Maloney Dep. Med. Examiner M. D. or other

Address Cheverly - Hyattsville Md Date signed 6-18-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

6425

Reg. Dist. No. 345

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years, 5 months

Hospital, Institution, or street address where death occurred:
Sacred Heart Home, Hyattsville, Maryland

How long in hospital or institution? 3 years, 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Annapolis Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. Corner Franklin & southgate ste
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mrs. Ann Marie Farrell

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6.(b) Name of husband or wife Joseph A. Farrell, dec.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 3, July 18, 1870

8. AGE: Years	Months	Days	If less than one day
77			..... hrs. ..... min.

9. Birthplace Kingstow New York
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Philip Kelly

13. Birthplace Ireland

MOTHER 14. Maiden name Anne Cloonan

15. Birthplace Ireland

16. Informant Sacred Heart Home

Address Hyattsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8. 1948 (month) (day) (year)

Cemetery or crematory St Marys Cemetery

Location Annapolis Md

18. Funeral director F Gascha sons

Address Hyattsville Md

19. June 5 1948 (Date rec'd by registrar) James Dewey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1948 19..... at 3:00 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 45, to June 5 19 48

and that I last saw her alive on June 4 19 48

Immediate cause of death Apoplexy — DURATION 7 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Thomas H Collins M. D. or other

Address 322 H St NE DC Date signed 6-5-48

RECEIVED
JUN 7 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

6426

Reg. Diat. No. 245

1. PLACE OF DEATH:
County: Prince George.
City or town: Hyattsville. Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Sacred Heart Home.
How long in hospital or institution? 5 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince George.
City or town: Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Sacred Heart Home.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: ELLEN FISH.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband or wife: EDWIN FISH
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1866

8. AGE: Years	Months	Days	If less than one day
82			..... hrs. ..... min.

9. Birthplace: IRELAND. (Town, county, and state)
10. Dsoal occupation: NONE
11. Industry or business

FATHER
12. Name: Unknown.
13. Birthplace "

MOTHER
14. Maiden name: Unknown.
15. Birthplace "

16. Informant: Sacred Heart Home.
Address: Hyattsville. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof June. 14-1948 (month) (day) (year)
Cemetery or crematory: Mt Olivet Cemetery.
Location: Washington. D.C.

18. Funeral director: T. F. Costello.
Address: 1772 N Cap. St. Wash. D.C.

19. June 10 1948 James Devey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10 1948, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1944, to June 10 1948
and that I last saw her alive on June 9 1948

Immediate cause of death	DURATION
Arteriosclerotic Ht. Disease	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Thomas F Kelly M. D. or other
Address: 322 H St. N.E. Date signed 6-10-48

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 12 1948
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

132 6427

HLM No. G 116 JUN 24 1948 **CERTIFICATE OF DEATH**

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville Maryland

(If outside city or town limits write RURAL and give nearest town)

How long in above place of death? 44 years

Hospital, Institution, or street address where death occurred: 4708 Braxton Place

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Hyattsville, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4708 Braxton Pl.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME James Irving Fletcher

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	married

6.(b) Name of husband or wife Jennie Fletcher

6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 5, 1876

8. AGE: Years	Months	Days	If less than one day
72	1	13	... hrs. ... min.

9. Birthplace Beltsville P.O. Md. (Town, county, and state)

10. Usual occupation Laborer & Teamster

11. Industry or business Lumber Yard.

FATHER 12. Name Jack Fletcher

FATHER 13. Birthplace unknown

MOTHER 14. Maiden name Molly ? Lost and unknown

MOTHER 15. Birthplace unknown

16. Informant Jennie Fletcher

Address 4708 Braxton Pl. Hyattsville

17. Burial, cremation, or removal. Which? Burial Date thereof June 22. 1948 (month) (day) (year)

Cemetery or crematory Methodist Cemetery

Location Bladensburg Md.

18. Funeral director F. Gaches Sons

Address Hyattsville Md.

19. June 20 1948 (Date rec'd by registrar) Mrs. Jas. A. Devere Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948 at 1:00 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 21, 1948, to June 18 1948

and that I last saw him alive on June 17, 1948

Immediate cause of death	DURATION
Myocarditis	1 Month
Acute	
Due to Toxemia of Nephritis	4 months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fred H. Spiller M.D.

M. D. or other

Address BRENTWOOD, Md Date signed 6-18-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

RECEIVED
JUN 22 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6428

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Pr. Georges

City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year.

Hospital, Institution, or street address where death occurred:

5707 Forest Road.

How long in hospital or Institution? +

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. Georges

City or town Cheverly

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5707 - Forest Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John Edward Frank

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec - 15, 1870

8. AGE: Years	Months	Days	If less than one day
77	6	6.	..... hrs. ..... min.

9. Birthplace Wheeling, W. Va (Town, county, and state)

10. Usual occupation Retired Tailor

11. Industry or business

FATHER 12. Name John Frank

13. Birthplace Germany

MOTHER 14. Maiden name Sophia DeGant

15. Birthplace Indiana.

16. Informant Ethel Shrodes.

Address 5707 - Forest Rd - Cheverly, Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof June 27, 1948 (month) (day) (year)

Cemetery or crematory

Location Wheeling, W. Va.

18. Funeral director Wm J. Malloy

Address 3200 - R.I. ave Mt. Rainier

19. 6/27 1948 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cardio vascular renal disease -	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John D. Maloney Dep. Med. Exam. M. D. or other

Address Cheverly - Hyattsville, Md Date signed 6-26-48

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 30 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6429

170 C

Reg. Dist. No. 245

1. PLACE OF DEATH
County Prince Geo. Hosp
City or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Leland Mem Hosp
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 141 Bates St N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME STUART JACKSON GAY

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife Tracy Mae Gay
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 20-1913

8. AGE: Years	Months	Days	If less than one day hrs.	min.
34	6	25		

9. Birthplace Charlottesville Va
(Town, county, and state)
10. Usual occupation Cab Driver
11. Industry or business

FATHER
12. Name William M. Gay
13. Birthplace Va

MOTHER
14. Maiden name Maggie L. Clements
15. Birthplace Va

16. Informant Tracy Mae Gay
Address 141 Bates St N.W.
17. Burial, cremation, or removal. Which? Burial Date thereof 6/19/48 (month) (day) (year)
Cemetery or crematory Fort Lincoln Cem
Location Bladensburg Rd. D.C.
18. Funeral director W W Chambers Co
Address 1400 Chapin N.W.
19. June 16 19 48 Mrs Jas. Deveraux Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16-48 19 48 at 1 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Comminuted fracture of skull - Hemorrhage - Shock	Sudden
Due to Automobile accident	
Due to	
Other conditions Crushed right chest	

(Include pregnancy within 3 months of death)

Major findings of operation
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 6-16-48
Where did injury occur? Maryland-Pa Ave, Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Automobile accident Injured at work?

23. SIGNATURE John D. Maloney, Dep. Med. Examiner
M. D. or other
Address Cheverly-Hyattsville, Md Date signed 6-16-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 18 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6430

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mos., 22 days

Hospital, Institution, or street address where death occurred:
Glenn Dale Sanatorium

How long in hospital or institution? 9 mos., 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: 319-9th Street, S. E., Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 319 - 9th St., S. E.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME MARY F. GIBBS

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: Jack S. Gibbs

6.(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): July 28, 1906

8. AGE: Years	Months	Days	If less than one day
41	10	23	hrs. min.

9. Birthplace: Ft. Washington, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: - - -

FATHER
12. Name: James Ellis Smith
13. Birthplace: Washington, D. C.

MOTHER
14. Maiden name: Olie Mae Fluery
15. Birthplace: Washington, D. C.

16. Informant: Deceased
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof June 20, 1948 (month) (day) (year)

Cemetery or crematory

Location: to Washington D C

18. Funeral director: W. W. Chambers Co.

Address: 517-11th St. S.E.

19. June 20, 48 (Date rec'd by registrar) Rowland S. Phillips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20, 1948 at 8.35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 25, 1947 to June 20, 1948 and that I last saw h.. alive on June 19, 1948

Immediate cause of death	DURATION
Tuberculous Meningitis	14 days
Due to: Pulmonary Tuberculosis	1 yr. 1 mo.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other

Address: Glenn Dale, Md., Date signed 6/20/48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

6431

55e

M

1. PLACE OF DEATH: County: Prince Georges' City or town: Hyattsville, Md (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs
Hospital, Institution, or street address where death occurred: 4106 Crittenden St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)
State: W. VA County: Preston
City or town: (If outside city or town limits, write RURAL and give nearest town)
Street No.: Independence, W. VA. (If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: DESSA GIBSON

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 18 Oct 1872

8. AGE: Years 75 | Months 6 | Days 9 | If less than one day: hrs. min.

9. Birthplace: Evansville, Preston Co. W. VA (Town, county, and state)

10. Usual occupation: None

11. Industry or business: —

FATHER 12. Name: Jacob Gibson
13. Birthplace: Chester Co. Pa.

MOTHER 14. Maiden name: Miriam Feltner
15. Birthplace: Louden Co. Va.

16. Informant: Myra Ferrier
Address: 4106 Crittenden Hyattsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28 1948 (month) (day) (year)
Cemetery or crematory: Evansville Cemetery
Location: Evansville West Virginia

18. Funeral director: A. L. Etienne & Son
Address: 5601 Cleveland Ave. Riverdale, Md

19. June 28 1948 (Date rec'd by registrar) Mrs. Jas. Lovered (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 27 June 1948 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1947 to June 1948 and that I last saw her alive on 13 June 1948

Immediate cause of death: Generalized Abdominal Carcinomatosis — DURATION: 1-2 yrs.
Due to: Toxemia from
Due to:
Other conditions: Anemia

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.:
Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. L. Etienne M. D.
Address: Berwyn, Md. Date signed: 6/27/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15

RECEIVED
JUN 30 1948
BUREAU V. S.

6432

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46e

CERTIFICATE OF DEATH

Reg. Diat. No. 745

1. PLACE OF DEATH:

County Prince Georges

City or town Riverdale Hosp. Riverdale md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 63 days.

Hospital, Institution, or street address where death occurred:

Eugene LeLand Memorial Hosp.

How long in hospital or institution? 63 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Prince Geo.

City or town Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6205 - 42nd. ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Dr Catherine Margaret goodson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single.

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1874

8. AGE: Years	Months	Days	If less than one day
74			hrs. min.

9. Birthplace Illinois (town, county, and state)

10. Usual occupation Physician

11. Industry or business

FATHER 12. Name unknown -

13. Birthplace Canada -

MOTHER 14. Maiden name unknown

15. Birthplace Illinois

16. Informant Lon McNeil

Address 6205-42 ave Hyattsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 14, 1948 (month) (day) (year)

Cemetery or crematory Ft Lincoln

Location Colmar Manor Md

18. Funeral director F Gaschen sons

Address Hyattsville Md.

19. June 16 1948 (Date rec'd by registrar) James Geary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12/48 19 at 5-30 P. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Mar 4 19 48 to June 12 19 48 and that I last saw h.er alive on 6-12 19 48

Immediate cause of death Carcinoma of colon — DURATION 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Truman Hunt M. D. or other

Address Hyatts. Md Date signed 6-12-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 15 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6433

94a

CERTIFICATE OF DEATH

Reg. Diat. No. 345

1. PLACE OF DEATH:
County: Prince George's
City or town: College Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: College Park
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 7003 Wake Forest Drive
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Jack Herring

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Frances F. Herring
6.(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): Nov 29, 1907

8. AGE: Years	Months	Days	If less than one day
40			hrs. min.

8. Birthplace: Washington D. C.
(Town, county, and state)
10. Usual occupation: Contractor
11. Industry or business:

FATHER
12. Name: Thomas Herring
13. Birthplace: Va

MOTHER
14. Maiden name: Gertrude Nevercomb
15. Birthplace: Va

16. Informant: Frances F. Herring
Address: College Park Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26, 1948 (month) (day) (year)
Cemetery or crematory: Fort Lincoln
Location: Colmar Manor Md.
18. Funeral director: F. Gasch's Sons
Address: Hyattsville Maryland

19. June 25 1948 (Date rec'd by registrar) James Seay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23, 1948 19 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21 1942 19 to June 23 1948 and that I last saw him alive on June 20 1948

Immediate cause of death: Acute Coronary Thrombosis

	DURATION
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. A. Britt M. D. or other
Address: Hyattsville, Md. Date signed: 6-25-48.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 26 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46 k

6434

Reg. Diat. No. 24

1. PLACE OF DEATH:

County: Prince George County

City or town: Riverdale, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6½ a.m. to 12 ¹⁵⁄₆₀ m.

Hospital, institution, or street address where death occurred: Leland Memorial Hospital -

How long in hospital or institution? 5½ hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George Co -

City or town: Hyattsville, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5309 Greenway Drive (If rural, give LOCATION) Hyattsville, Md.

2.(a) If veteran, name war:

3.(a) FULL NAME: Mrs. Julia Mary Higgins

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband or wife: Thomas J. Higgins

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): October 6, 1876

8. AGE: Years	Months	Days	If less than one day
71			..... hrs. ..... min.

9. Birthplace: Akron Ohio (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Edward G. Ryklin

13. Birthplace: Switzerland

MOTHER — 14. Maiden name: Julia M. Hof- Ryklin

15. Birthplace: Switzerland

16. Informant: Louise M. Green

Address: 721 Mass. Ave. N.E. Wash D C

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7 1948 (month) (day) (year)

Cemetery or crematory: Ft. Lincoln Memorial Park

Location: Washington D.C. Riverdale Md.

18. Funeral director: W W Chambers Co.

Address: 5801 Cleveland Ave. Riverdale Md.

19. June 4 1948 (Date rec'd by registrar) Mrs. Jas. Severe (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12:15 June 3, 1948 at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21 1947, to June 3 1948 and that I last saw h[illegible] alive on June 3 1948.

Immediate cause of death	DURATION
Retroperitoneal Sarcoma with Metastases	1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Retroperitoneal Mass Date of op. June, 1947.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: L W Malin MD (M. D. or other)

Address: Riverdale, md Date signed: 6-4-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 7 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94b

6435

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince George's County
City or town: Maryland Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pr. Geo's., Co.
City or town: Maryland Park
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 6409- Buchanan St
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Samuel W. Hunt

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Alice R. Hunt
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 6th. 1901

8. AGE: Years	Months	Days	If less than one day
46			hrs. min.

9. Birthplace: Nebraska (Town, county, and state)
10. Usual occupation: Machinist
11. Industry or business: Naval Gun Factory

FATHER
12. Name: Samuel M. Hunt
13. Birthplace: Maryland

MOTHER
14. Maiden name: Emma V. Fleagle
15. Birthplace: Maryland

16. Informant: Mrs. Alice R. Hunt
Address: 6409-Buchanan St. Maryland Park.,Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: June 7th. 1948 (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director: Arthur E. Simmons Jr.
Address: 2007- Nichols Ave., S. E. Wash.,D.C.

19. June 7 1948 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7th 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1st 1948 to June 7th 1948 and that I last saw h[illegible] alive on June 7th 1948

Immediate cause of death	DURATION
Angina Pectoris	One hour
Due to, Hist of hypertension	
Due to, Coronary Occlusion	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. A. Logan M.D. M. D. or other
Address: Oxon Hill, Md. Date signed: June 7, 1948

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 12 1948
BUREAU V. S.

6436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 8 mos., 19 days

Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium

How long in hospital or institution? 1 yr., 8 mos., 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1621 - 10th St., N. W.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: LOUISE JACKSON

3.(b) Social Security Number: - - - - - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife: -

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): June 13, 1910

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
38	0	15		

9. Birthplace: Washington, D. C.
(Town, county, and state)

10. Usual occupation: Nursemaid

11. Industry or business: - - - - -

FATHER — 12. Name: John Jackson
13. Birthplace: Washington, D. C.

MOTHER — 14. Maiden name: Gertrude Reed
15. Birthplace: Washington, D. C.

16. Informant: Deceased
Address:

17. Removal to Wash. D.C. (Burial, cremation, or removal. Which?) Date thereof: 6 (month) 28 (day) 48 (year)

Cemetery or crematory:

Location:

18. Funeral director: L.E. Murray & Son
Address: 1337-10th St. N.W. Wash. D.C.

19. 6/28/48 (Date rec'd by registrar) Rowland S. Phillips, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 19 48 at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10 19 46 to June 28 19 48.
and that I last saw h er alive on June 28 19 48.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	80 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings at operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other

Address: Glenn Dale, Md. Date signed: 6/28/48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

6437

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs., 5 mos., 15 days

Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or Institution? 5 yrs, 5 mos., 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 744 Howard Road, S. E.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: LOUISE MARY JACKSON

3.(b) Social Security Number: - - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife: - - -

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 28, 1910

8. AGE: Years	Months	Days	If less than one day
37	11	25	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, County, and State)

10. Usual occupation: Hospital Attendent at St. Elizabeth's

11. Industry or business: - - -

FATHER
12. Name: Alexander Jackson
13. Birthplace: Louisville, Kentucky

MOTHER
14. Maiden name: Rebecca Hawkins
15. Birthplace: Bayantown, Maryland

16. Informant: Deceased
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/26/48. (month) (day) (year)

Cemetery or crematory: Waldorf St. Peter's

Location: Waldorf, Maryland

18. Funeral director: Frazier's Funeral Home

Address: 389 - Rhode Island Ave N.W.

19. 6/23 (Date rec'd by registrar) 19 48. Rowland S. Phillips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/22 19 48 at 2:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/6 19 43 to 6/22 19 48 and that I last saw h- alive on 6/22 19 48

Immediate cause of death	DURATION
Pulmonary Tuberculosis	
Due to	6 Yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale, Md. Date signed 6/22/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUL 6 1948
BUREAU V. S.

6438

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

170C

Reg. Diat. No. 745

1. PLACE OF DEATH:
County Pr. Geo. C
City or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 mo.
Hospital, Institution, or street address where death occurred:
Leland mem Hosp
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pr Geo. C
City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3107 Lawyer Dr.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Marion A. Jarboe Jr

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 1- 1945

8. AGE: Years	Months	Days	If less than one day
3	3	15	hrs. min.

9. Birthplace Wash. D.C.
(Town, county, and state)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Marion A. Jarboe Sr
13. Birthplace Md
MOTHER 14. Maiden name Theresa M. Laurence
15. Birthplace D.C.
16. Informant Marion A. Jarboe Sr.
Address 3107 Lawyer Dr. Hyattsville
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-19-48 (month) (day) (year)
Cemetery or crematory Mt. Olivet Cemetery
Location Washington D.C.
18. Funeral director W W Hanks Co
Address Riverdale Md
19. June 16 1948 Mrs. Jas Devere (Registrar)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948 at 9.45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Fracture at base of Skull	Sudden
Due to Automobile accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 6-15-48
Where did injury occur? Front of 3107 Lawyer Drive (City or town) Hyattsville (County) Pr Geo Md
Injured at home, farm, industry, public place (where?) public highway
Means of injury hit by automobile Injured at work?

23. SIGNATURE John D. Maloney Dep. Med Exam M. D.
Address Cheverly Hyattsville Date signed 6-16-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 18 1948
BUREAU V. S.

6439

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince Georges
City or town Cheverly Hills
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Permanent
Hospital, institution, or street address where death occurred:
4429- Southern Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State District of Columbia County
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3525- 10th Street N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3.(a) FULL NAME Ida Marie Jefferson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1912

8. AGE: Years 36 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Bus Girl
11. Industry or business Restaurant
FATHER 12. Name Crawford Jefferson
13. Birthplace Virginia
MOTHER 14. Maiden name Laura Hughes
15. Birthplace Virginia
16. Informant Josephine Jefferson
Address 3525-10th St, Washington D.C.
17. removal Date thereof June 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Melvan & Schey Funeral Home Washington D.C.
Location 424 K st N.W.
18. Funeral director F Gaschi Asst
Address Hyattsville Md,
19. June 1 1948 James Seery
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 19 48 at 9:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Acute Congestive heart failure	
Due to Cardiac vascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

Deputy Medical Examiner
23. SIGNATURE James J. Boyle M. D. or other
Address Hyattsville Md Date signed 6-1-48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6440

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mos., 4 days

Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium

How long in hospital or institution? 4 mos., 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2700 Conn. Avenue, N. W.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: JERAULD, HELEN E

3. (b) Social Security Number: - - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Adrian Jerauld

6.(c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): August 14, 1888 (Family state 8/14/90 correct) given on admission.

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
59 59	9	25		

9. Birthplace: Hyde Park, Massachusetts
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: - - -

FATHER
12. Name: Frank Beard
13. Birthplace: ? Massachusetts

MOTHER
14. Maiden name: Lydia Marshall
15. Birthplace: ? Massachusetts

16. Informant: Deceased
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 1948 (month) (day) (year)

Cemetery or crematory: Fort Lincoln Cemetery

Location: Prince Georges County, Md

18. Funeral director: W. W. Chambers Co.

Address: 1400 Chapin St, N.W.

19. June 8 1948 (Date rec'd by registrar) Rowland S. Phillips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8, 1948 at 320 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/3 1948 to 6/8 1948

and that I last saw h[illegible] alive on 6/8 1948

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 20 mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel L. Pincan M.D.
M. D. or other

Address: Glen Dale, Md. Date signed: 6/8/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 14 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

832

6441

Reg. Dist. No. 230

1. PLACE OF DEATH: County Prince Georges' City or town Beltsville, Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years

Hospital, institution, or street address where death occurred: Montgomery Rd - Beltsville

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State MARYLAND County Prince Georges

City or town Beltsville (If outside city or town limits, write RURAL and give nearest town)

Street No. Montgomery Rd. (If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME MAGDALENA BARBARA KNAUER

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	White	Widowed

6.(b) Name of husband or wife Eugene NMI KNAUER

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 8- 1881

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
66	10	0	—	

9. Birthplace GERMANY (Town, county and state)

10. Usual occupation House wife

11. Industry or business —

FATHER 12. Name FREDERICK KARL BRAUN

13. Birthplace GERMANY

MOTHER 14. Maiden name BARBARA KETTEMANN

15. Birthplace GERMANY

16. Informant FRED C K NAUER

Address Beltsville Md

17. Burial Date thereof June 8. 1948 (Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or ~~cemetery~~ Lutheran Cemetery

Location Bowie Md

18. Funeral director F Gascha sons

Address Hyattsville Md.

19. June 6th 1948 John D. Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 June 1948 at 11 50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from MAY 1947 to JUNE 5 1948 and that I last saw h CR alive on 5 JUNE 1948

	DURATION
Immediate cause of death Bilateral Pulmonary Congestion	2 hours
Bilat. Gangrene - both Lower Extremities	3 days
Due to Generalized Arteriosclerosis	20yrs +
Due to —	
Other conditions Left Hemiplegia	1 yr

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE C. K. Etienne M. D.

Address Berwyn, Md Date signed 6-6-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

8 — 1881

RECEIVED
JUN 8 1948
BUREAU V. S.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

170C

State File No. 6442

Registrar's No. 142

State of Maryland

1. PLACE OF DEATH:
(a) County Prince Georges County
(b) City or town Andrews Air Force Base
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Andrews Field Base Hosp
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 9 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prince George
(c) City or town Andrews Air Force Base
(If outside city or town limits, write RURAL)
(d) Street No. Trailer Court
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) FULL NAME Raymond Eugene Kolakowski
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased ____ (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	11	23	hr. ____ min.

9. Birthplace Gary Indiana (City, town, or county) Indiana (State or foreign country)
10. Usual occupation none
11. Industry or business ____
MOTHER FATHER
12. Name Al Kolakowski
13. Birthplace Indiana Harbor (City, town, or county) Indiana (State or foreign country)
14. Maiden name Josephin Flores
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant's ownsignature: Al Kolakowski
(b) Address Andrews Air Force Base
17. (a) Burial, cremation, or removal Maryland (b) Date thereof 6-13-48 (Month) (Day) (Year)
(c) Place; burial or cremation ____
18. (a) Signature of funeral director W. H. Chambers Co
(b) Address 517 11th St. S.E.
19. (a) June-12-48 (Date received local registrar) (b) Carrie F. Campbell. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month June day 12
year 1948 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from Pronounced dead on arrival, 19____, to ____, 19____:
that I last saw him alive on 12 June, 1948:
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
Due to Shock	
Blood loss	
Due to Internal injuries	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Injury by auto
(b) Date of occurrence 12 June 48
(c) Where did injury occur? Trailer Court (City or town) Andrews Field (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Near home (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Robert Nelson (M. D. ~~xxxx~~)
Address Andrews Air Force Base Date signed 6/12/48

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

17 M. C.

RECEIVED
JUN 14 1948
BUREAU V. S.

6443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 mos., 27 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 4 mos., 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 44 G. Street, N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: ELIZABETH C. LEE

3.(b) Social Security Number: - - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: James Lee
6.(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): March 18, 1918

8. AGE: Years	Months	Days	If less than one day
30	3	12	....hrs. ....min.

9. Birthplace: Lancaster, South Carolina
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: - - - -

FATHER
12. Name: John Cunningham
13. Birthplace: Lancaster, South Carolina

MOTHER
14. Maiden name: Carrie Hunter
15. Birthplace: Lancaster, South Carolina

16. Informant: Deceased
Address

17. Removal to Wash DC; Date thereof June 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director: Eugene Ford
Address 1213 4th St, S.W.
L. Hamner
19. June 30, 1948 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30th 1948 at 6 00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feby 2nd 1948 to June 30 1948
and that I last saw her alive on June 30 1948

Immediate cause of death	DURATION
Pulmonary Tuberculosis	10 Mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale, Md. Date signed 6/30/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

RECEIVED
JUL 10 1948
BUREAU V. S.

6444

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13 b

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince Georges
City or town Riverdale, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, institution, or street address where death occurred:
6013 - Baltimore Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Georges
City or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6015 - Baltimore Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Ernest Wilda Little

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married - (Separated)

6.(b) Name of husband or wife Dorothy M. Little

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1905

8. AGE: Years	Months	Days	If less than one day
42	9	0	..... hrs. ..... min.

9. Birthplace Wash. D.C.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Ernest B. Little
13. Birthplace Wash., D.C.

MOTHER
14. Maiden name Margaret Gilbert
15. Birthplace Philadelphia, Pa

16. Informant Francis C. Little
Address 2520 - 10th St., N.E. Wash. DC.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 14, 1948, (month) (day) (year)
Cemetery or crematory Ft. Lincoln
Location Colmar Manor Md

18. Funeral director Leach and sons
Address Hyattsville Md.

19. June 12 1948 (Date rec'd by registrar) Mrs Jas. Devere Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948, at 6:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Pulmonary Hemorrhage	Sudden
Due to Pulmonary Tuberculosis	15 years.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE John D. Maloney, Dep. Med. Exam.. M. D. or other
Address Cheverly - Hyattsville Md Date signed 6-10-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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JUN 14 1948
BUREAU V. S.

6445

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93e

CERTIFICATE OF DEATH

Reg. Diat. No. 245

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County: Prince Georges

City or town: Brentwood Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Brentwood Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4306 - 40 street

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Larkin Henry Luther

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife: Rovirtie Luther

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 7, 1869

8. AGE: Years: 78 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business:

FATHER — 12. Name: Llavid Luther

13. Birthplace: North Carolina

MOTHER — 14. Maiden name: Avrat Haynes

15. Birthplace: North Carolina

16. Informant: Mrs Rovirtie Luther

Address: Brentwood Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) June 17 1948

Cemetery or crematory: J.F. Smallwood

Location: Colmar Manor Md

18. Funeral director: J. Bowling Sons

Address: Hyattsville Md

19. (Date rec'd by registrar) June 16 1948 Mrs Jas. Severe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14, 1948 at 4.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1948 to June 14 1948 and that I last saw h[illegible] alive on June 14 1948

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: A Autz M.D. M. D. or other

Address: Hyattsville, Md Date signed: 6/16/48

RECEIVED
JUN 18 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

170 C 6446

Reg. Dist. No. 231

1. PLACE OF DEATH:
County: Prince George's
City or town: Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 hrs
Hospital, institution, or street address where death occurred:
Prince George's General Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Washington D. C. County:
City or town: Washington D. C.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1119 10th st N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Henry Maher

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Grace Maher
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): (unknown) 1902

8. AGE: Years	Months	Days	If less than one day
46			hrs. min.

9. Birthplace: Rhode Island
(Town, county, and state)
10. Usual occupation: painter
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Grace Maher
Address: Washington D. C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 13 1948 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Bladensburg Md
17B. Funeral director: F Gaschi sons
Address: Hyattsville Md
19. June 13 1948 (Date rec'd by registrar) James Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13 1948 at 7:15 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Intra cranial Hemorrhage	
Due to fracture of the base of the skull	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 6/3/48
Where did injury occur? Hillside (City or town) P. G. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Marlboro Pike
Means of injury: occupant of an auto that struck a fixed object

Deputy Medical Examiner
23. SIGNATURE: ... M. D. or other
Address: Forestville, Md. Date signed 6/4/48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

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JUN 17 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

92b 6447

Reg. Dist. No. 345

M

1. PLACE OF DEATH:
County Prince Georges
City or town W. Brentwood
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
4507 - 41st. Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Geo
City or town W. Brentwood
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4507 - 41st Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Fleming Marshall
3. (b) Social Security Number

4. Sex M | 5. Color or race C. | 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Gertrude Marshall. 6.(c) If alive, give age 27 years
7. Birth date of deceased (mo., day, yr.) Mar. 14. 1912.

8. AGE: Years 36 | Months 3 | Days 3 | If less than one day ..... hrs. ..... min.
9. Birthplace Beltsville, Md. (Town, county, and state)
10. Usual occupation Mechanics Helper.
11. Industry or business
FATHER 12. Name Fleming Marshall.
13. Birthplace Virginia
MOTHER 14. Maiden name Beddie Warner
15. Birthplace Beltsville, Md.
16. Informant Mary Mathews
Address 313 - S. Vincent - Balt., Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 21 1948 (month) (day) (year)
Cemetery or crematory Queens Chapel
Location Munsirk Md.
18. Funeral director A. L. Washington & Sons
Address 467 N. St. Wash. D.C.
19. June 17 1948 (Date rec'd by registrar) James Lacey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948 at 6 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Mitral Stenosis with insufficiency	
Due to Rheumatic heart	
Due to	
Other conditions Aortic stenosis Coronary Thrombosis	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to exterpal causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did Injury occur? ..... (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?) .....
Means of Injury ..... Injured at work?

23. SIGNATURE John D. Maloney Dep. Med. Exam. M. D. or other
Address Cheverly - Hyattsville Date signed 6-17-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 19 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

6448

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Prince Georges

City or town Riverdale Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3/2 hrs.

Hospital, Institution, or street address where death occurred: Leland Memorial Hospital

How long in hospital or Institution? 3/2 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town College Park Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 7400 Hopkins Ave.;

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Betty Jane Martin

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married

6.(b) Name of husband or wife John Dee Martin 6.(c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Jan 7. 1929

8. AGE: Years 19 Months 5 Days 10 If less than one day ..... hrs. ..... min.

9. Birthplace Laurel Springs, N. J. (Town, county, and state)

10. Usual occupation House-wife.

11. Industry or business

FATHER 12. Name Benjamin Franklin Butler

13. Birthplace Wilmington, Del.

MOTHER 14. Maiden name Jennie S. Peables

15. Birthplace Pedricktown, N. J.

16. Informant Benjamin F. Butler

Address 7400 Hopkins Ave. Coll. PK

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/21/48 (month) (day) (year)

Cemetery or cemetery Fort Lincoln

Location Colmar Manor, Md.

18. Funeral director F Gaeta Sons

Address Hyattsville Md.

19. June 20" 1948 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1945 at 10.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Laceration of Rt. lung. Laceration of branches of aorta. Hemorrhage & shock	Sudden
Due to	
Due to	
Other conditions Rupture of bladder	Sudden

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of June 17. '45

Where did injury occur? Bladensburg, Pr. Geo. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury Auto. Collision Injured at work?

23. SIGNATURE John J. Maloney Dep. Med. Exam. M. D. or other

Address Cheverly-Hyattsville Date signed 4-18-45

RECEIVED
JUN 22 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6449

13 b

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 mos., 29 days

Hospital, Institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 5 mos., 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 911 - 3rd St., S. W.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: FANNIE MAE MARTIN

3. (b) Social Security Number: 438-33-0255

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: Herbert Martin

6.(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): August 30, 1912

8. AGE: Years	Months	Days	If less than one day
35	9	18	..... hrs. ..... min.

9. Birthplace: Minden, Louisiana (Town, county, and state)

10. Usual occupation: Cafeteria work

11. Industry or business: - - -

FATHER

12. Name: Burt Walker

13. Birthplace: Minden, Louisiana

MOTHER

14. Maiden name: Ann Davis

15. Birthplace: Minden, Louisiana

16. Informant: Deceased

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 6 17 48 (month) (day) (year)

Cemetery or crematory

Location: Washington DC

18. Funeral director: George B Clarke Co

Address: 1416 Florida Ave N.E

19. 6/17 (Date rec'd by registrar) 19 48. Rowland S. Phillips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 17 19 48 at 5 20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DEC. 18 19 47, to JUNE 17 19 48

and that I last saw her alive on JUNE 17 19 48

Immediate cause of death	DURATION
Pulmonary Tuberculosis	13 mo.
Due to: Tuberculous Ulcer of Buttocks	13 mo.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Md. Date signed 6-17-48

RECEIVED
JUN 24 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

77d

6450

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince Georges

City or town: Hillside, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

1213 52nd Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Hillside

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1213 52nd Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ruth Maske

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3rd, 1912

8. AGE: Years	Months	Days	If less than one day
36	1	16	hrs. min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Charwoman

11. Industry or business

FATHER — 12. Name: August Maske

FATHER — 13. Birthplace: Marylandd

MOTHER — 14. Maiden name: Beatrice Mc Namara

MOTHER — 15. Birthplace: Washington, D.C.

16. Informant: R.M. Mc Namara Uncle

Address: 4 Glen Ridge St., Kensington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/22/48 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Bladensburg Md

18. Funeral director: F Gascha Long

Address: Hyattsville Md.

19. 6/22 1948 (Date rec'd by registrar) Amanda Deuney Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948, at 1.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h ative on 19

Immediate cause of death	DURATION
Gastric Atony	
Due to: Atrophic gastritis	
Due to: Chronic alcoholism	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE John J. Maloney M. D. or other

Deputy Med. Exam.

Address: Cheverly Hyattsville Date signed 6-21-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 28 1948
BUREAU V. S.

6451

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

469

Reg. Diat. No. 234

1. PLACE OF DEATH:

County Prince Georges

City or town Oxon Hill - Washington 20 D.C.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

—

How long in hospital or Institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town (or Town Hill) Washington 20 D.C.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Livingston Road.
(If rural, give LOCATION)

2.(a) If veteran, name war I

3.(a) FULL NAME Joseph Carbery Mattingly

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Elizabeth Grant Mattingly

6.(c) If alive, give age Deceased years

7. Birth date of deceased (mo., day, yr.) July 7th 1871

8. AGE: Years	Months	Days	If less than one day
76			hrs. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Retired Judge

11. Industry or business Lawyer in P.G. Co and Judge

FATHER 12. Name Thomas Joseph

13. Birthplace West Virginia

MOTHER 14. Maiden name Anna Reeves

15. Birthplace Unknown.

16. Informant Eleanor Mattingly

Address Washington 20 D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7 1948 (month) (day) (year)

Cemetery or crematory St Agnes

Location Oxon Hill Md

18. Funeral director Arthur J Emmons Jr.

Address 2007 Nichols ave SE Washington D.C.

19. June 4 1948 (Date rec'd by registrar) Howard I Beall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1948, at 4:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 1948, to June 4 1948, and that I last saw him alive on June 3 1948

Immediate cause of death	DURATION
Carcinoma of Pancreas	6 mos
Due to —	
Due to —	
Other conditions Hypertrophy of Prostate	unknown

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op.

Autopsy results — none —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE Eugene C. Van Hatten M. D. or other

Address Washington 1900 D.C. Date signed June 7 1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 10 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6452

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Prince Georges.
City or town: Ritchie
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years.
Hospital, Institution, or street address where death occurred: 7005 White House Rd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Pr. Geo.
City or town: Ritchie
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 7005 White House Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME Ernest Heleton Mayhew. | **3. (b) Social Security Number** —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Clara R. Mayhew (nee Padgett) 6.(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Dec. 18, 1877

8. AGE:

Years	Months	Days	If less than one day
70	5	8	...hrs. ...min.

9. Birthplace: Pr. Geo. County (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Benjamin Mayhew
13. Birthplace: Pr. Geo. Co. Md.

MOTHER
14. Maiden name: Susanna Hall
15. Birthplace: Pr. Geo. Co. Md

16. Informant: Mrs. Clara R. Mayhew (Wife)
Address: 7005 White House Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 7 1948 (month) (day) (year)
Cemetery or crematory: Forestville Methodist
Location: Forestville Md.
18. Funeral director: Ritchie Bros.
Address: Upper Marlboro Md.
19. June 7th 1948 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1948 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1948, to June 4 1948, and that I last saw him alive on June 4 1948.

	DURATION
Immediate cause of death: Coronary Thrombosis	2 days.
Due to: Hypertension Cardio Vascular Renal Disease	4 yrs.
Due to:	
Other conditions: Arteriosclerosis	10 yr.

(Include pregnancy within 3 months of death)
Major findings of operations: None Date of op.
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James E. Larsen M. D. or other
Address: Upper Marlboro Date signed: 6-4-48

RECEIVED
JUN 8 1948
BUREAU V. S.

6453

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Diat. No. 245

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Prince Georges
City or town: Queens Chapel Manor Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Weeks
Hospital, institution, or street address where death occurred:
5803 - 32nd Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Queens Chapel Manor Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 5808 32th avenue
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Stella Scott Mc Gehee

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6.(b) Name of husband or wife: L. H. Mc Gehee
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 7, 1877

8. AGE: Years	Months	Days	If less than one day
70	9	1	hrs. min.

9. Birthplace: Mississippi
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: Eugene Scott
13. Birthplace: Mississippi

MOTHER
14. Maiden name: Mary Jane Anderson
15. Birthplace: Mississippi

16. Informant: Mrs John Bohones
Address: Queens Chapel Manor Md.

17. Transportation (Burial, cremation, or removal. Which?) Date thereof June 9. 1948 (month) (day) (year)
Cemetery or crematory: Mc Coul
Location: Mississippi

18. Funeral director: E. Gaschis Sons
Address: Hyattsville Md.

19. June 8 1948 (Date rec'd by registrar) James Seery Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8, 1948 19 at 7 a.20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death: Arteriosclerotic Heart Disease	
Due to: Sudden	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings at operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John D. Mahoney, Deputy Med. Exam. M. D.
Address: Hyattsville, Md Date signed 6-8-45.

RECEIVED
JUN 10 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6454

13 b

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Md. (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 11 mo., 20 days

Hospital, Institution, or street address where death occurred:
Glenn Dale Sanatorium

How long in hospital or institution? 1 yr., 11 mo., 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5802- 7'th St., N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war: –

3. (a) FULL NAME: ISRAEL MENSH

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife: Fannie Mensh (deceased)

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): July 28, 1875

8. AGE:

Years	Months	Days	If less than one day
72	10	5	..... hrs. ..... min.

9. Birthplace: Poland, Europe
(Town, county, and state)

10. Usual occupation: clerk, grocery store

11. Industry or business:

FATHER
12. Name: Sam Mensh
13. Birthplace: Poland

MOTHER
14. Maiden name: Hattie Cohen
15. Birthplace: Poland

16. Informant: deceased
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/3/48 (month) (day) (year)

Cemetery or crematory: Cver so vet grad

Location: Washington D.C.

18. Funeral director: B Davidson & Son

Address: 3501- 14th St N.W.

19. 6/2 48 (Date rec'd by registrar) Rowland S. Phillips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 2 1948 at 6.50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 13 1946, to JUNE 2 1948 and that I last saw h.../...alive on JUNE 2 1948

	DURATION
Immediate cause of death: Diabetes Mellitus	2 yr. 4 mo.
Due to: Pulmonary Tuberculosis	2 yr. 4 mo.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other

Address: Glenn Dale, Md. Date signed: 6-2-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 12 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131 b

6455

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
County: Prince Georges
City or town: Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Prince Georges Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Prince Georges
City or town: Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6212 Foote St. Seat Pleasant Md
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mrs. Marie Milke

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife: Reinhold Milke deceased
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 30, 1898

8. AGE: Years	Months	Days	If less than one day
50	0	28	..... hrs. ..... min.

9. Birthplace: Penna (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Gustaf Ostroske
13. Birthplace: Germany

MOTHER
14. Maiden name: Emily Zilke
15. Birthplace: Germany.

16. Informant: son Clarence Milke
Address: 6212 - 700 Test. Seat Pleasant, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/30/48 (month) (day) (year)
Cemetery or crematory: Greenmount Cemetary
Location: Philadelphia Pennsylvania

18. Funeral director: W.W. Chambers Co
Address: 517 11th St. S.E.

19. 6/28 19 48 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-28 19 48 at 4 00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-20 19 48 to 6-28 19 48 and that I last saw h.. alive on 6-28 19 48

Immediate cause of death	DURATION
Malesquent Hypertension	
Due to	
Due to	
Other conditions: Chronic Glomerulonephritis	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: As above.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Mark W. Lee. M. D. or other
Address: Hyattsville, Md. Date signed 6-28-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 30 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46g

6456

Reg. Dist. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Prince Georges

City or town: Mt Rainier

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years.

Hospital, Institution, or street address where death occurred:

6207- Field street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Mt Rainier

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6207- Field St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Jacob Minder

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widowed

6.(b) Name of husband or wife: Daisy Minder

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 4, 1861

8. AGE: Years: 87. Months: Days: If less than one day: ..... hrs. ..... min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Florist

11. Industry or business: Florist

FATHER — 12. Name: Jacob Minder

FATHER — 13. Birthplace: Switzerland

MOTHER — 14. Maiden name: Mary Eberhart

MOTHER — 15. Birthplace: Switzerland

16. Informant: Mrs Ann J Maloney

Address: 6207- Field St, Mt Rainier Md

17. Burial (Burial, cremation, or removal? Which?) Date thereof June 10-48 (month) (day) (year)

Cemetery or crematory: Glenwood

Location: Washington D.C.

18. Funeral director: Deal Funeral Home

Address: 4812- Ga Ave N.W.

19. June 7 1948 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1948 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5 1948 to June 7 1948 and that I last saw him alive on June 6 1948.

Immediate cause of death: Carcinoma of Pancreas with metastases to liver — DURATION: 1 year(s)

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William Brannin M. D.

Address: Capitol Hgts, Md Date signed: 6/7/48

RECEIVED
JUN 10 1948
BUREAU V. S.

6457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 mos., 14 days

Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium

How long in hospital or institution? 11 mos., 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 819 - 26th St., N. W.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: MORRISON, ANDREW

3.(b) Social Security Number: 579-14-4038

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife: - - -

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 7, 1920

8. AGE: Years	Months	Days	If less than one day
27	8	1	hrs. min.

9. Birthplace: Cincinnati, Ohio
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: - -

FATHER
12. Name: Leroy Morrison
13. Birthplace: Washington, D. C.

MOTHER
14. Maiden name: Beatrice Clark
15. Birthplace: Cincinnati, Ohio

16. Informant: Deceased
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof June 9 1948 (month) (day) (year)

Cemetery or crematory: Removed to Lookingglass

Location:

18. Funeral director: Ambrose B. Boyd

Address: 1238 20th St N.W.

19. June 9 1948 (Date rec'd by registrar) Rowland S. Phillips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1948 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 1947, to June 8 1948

and that I last saw him alive on June 8 1948

Immediate cause of death	DURATION
Tuberculous meningitis	2 months
Due to Pulmonary Tuberculosis	5 yrs 9 mos
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Md. Date signed 6/8/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 14 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

122 F 6458

CERTIFICATE OF DEATH

Reg. Diat. No. 231

1. PLACE OF DEATH:
County: Prince Georges
City or town: Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
Prince Georges Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pr. George
City or town: Cheverly
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2817 - 63rd Place
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Francis Murphy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Alice F Murphy
6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): March 21, 1887

8. AGE: Years	Months	Days	If less than one day
61			hrs. min.

9. Birthplace: Mass
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: U.S. Govt

FATHER
12. Name: —
13. Birthplace: Ireland

MOTHER
14. Maiden name: —
15. Birthplace: Ireland

16. Informant: Alice F Murphy
Address: Cheverly Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1. 1948 (month) (day) (year)
Cemetery or crematory: Ft Lincoln
Location: Colmar Manor Md.

18. Funeral director: F. Gracie sons
Address: Hyattsville Md.

19. 6/31 1948 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28. 1948 at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1948, to June 28 1948
and that I last saw h.. alive on June 28 1948

Immediate cause of death	DURATION
Intestinal Obstruction	3 days
Due to:	
Due to:	
Other conditions: Chronic Bronchitis	3 years

(Include pregnancy within 3 months of death)

Major findings of operations: Same
Date of op. 6-25-48
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John J. Maloney M. D. or other
Address: Cheverly-Hyattsville Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45.15M

RECEIVED
JUL 1 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46 b

6459

CERTIFICATE OF DEATH

Reg. Diat. No. 142

1. PLACE OF DEATH:
County: Prince George's
City or town: Landover Mun.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All his life.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Landover
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Central Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Francis B. Myles Myles

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Colored	Married

6.(b) Name of ~~husband or~~ wife: Virgie Myles
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 1, 1884

8. AGE: Years	Months	Days	If less than one day
64	-	-	hrs. - min.

9. Birthplace: Landover, Maryland (Town, county, and state)
10. Usual occupation: Agriculturist.
11. Industry or business

FATHER
12. Name: David Myles
13. Birthplace: Prince George Co. Maryland

MOTHER
14. Maiden name: Melessie Brown
15. Birthplace: Prince George Co. Maryland

16. Informant: Elizabeth Myles
Address: Rhode Rd & Central Ave, Landover, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15-48 (month) (day) (year)
Cemetery or crematory: Lincoln Memorial
Location: Suitland Maryland.

18. Funeral director: John T. Stewart
Address: # 530 "H" St. N.E. Wash. D.C.

19. June 11 1948 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11 1948 at 8.00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1948 to June 11 1948 and that I last saw him alive on June 11 1948

	DURATION
Immediate cause of death: Carcinoma of Stomach with	
Due to: generalized metastases.	?
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. E. Beldon, M.D. M. D. or other
Address: 4423 Hunt Pl. Date signed: 6-11-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 15 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6460

932

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince Geo.

City or town: Riverdale Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Leland Memorial Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Geo.

City or town: Mt. Rainier Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4208 - 34th St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Grace L. Norton

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Amos Norton

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Oct. 27, 1885

8. AGE: Years	Months	Days	If less than one day
62			hrs. min.

9. Birthplace: Wash. D.C. (Town, county, and state)

10. Usual occupation: Home Wife

11. Industry or business

FATHER — 12. Name:

13. Birthplace

MOTHER — 14. Maiden name:

15. Birthplace

16. Informant: Edward C. Norton

Address: 4208 - 34th St. Mt. Rainier Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 24, 1948 (month) (day) (year)

Cemetery or crematory: Rock Creek

Location: Wash. D. C.

18. Funeral director: Wm. J. Kelly

Address: 3200 - R.I. Ave. Mt. Rainier

June 23 1948 James D. Berry

(Date rec'd by registror) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 22, 1948 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 20 1948 to JUNE 22 1948 and that I last saw h. ER alive on JUNE 21 1948

Immediate cause of death	DURATION
CEREBRAL THROMBOSIS	2 days ?
Due to: ARTERIOSCLEROSIS	?
PULMONARY EDEMA	?
Due to: CONGESTIVE HEART FAILURE	?
Other conditions: HYPERTENSION	?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: David S. Clayman, MD

M. D. or other

Address: 4118 - 30th St. Mt. Rainier, Md. Date signed: 6-22-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 25 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6461

131a

CERTIFICATE OF DEATH

Reg. Diat. No. 247

1. PLACE OF DEATH:
County Prince George's
City or town Comody Hills
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? one year
Hospital, institution, or street address where death occurred:
7515 C Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George's
City or town Comody Hills
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7515 C Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Harry Nusbaum

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Carry Palmer
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 9/26/71

8. AGE: Years	Months	Days	If less than one day
76			..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: John Nusbaum
13. Birthplace: Maryland

MOTHER
14. Maiden name: Anna Utz
15. Birthplace: Penna

16. Informant: Russell Nusbaum
Address: Green Haven Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9, 1948 (month) (day) (year)
Cemetery or crematory Evergreen
Location Bladensburg Md.
18. Funeral director F Gaschi sons
Address Hyattsville Md.

19. 6/9 1948 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1948 at 10:30AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Acute congestive heart failure	
Due to: Cardiovascular renal disease	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

Deputy Medical Examiner
23. SIGNATURE James D. Bourke M.D.
Address Prince Frederick Md. Date signed 6/7/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 12 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6462

131a

CERTIFICATE OF DEATH

Reg. Diat. No. 242

1. PLACE OF DEATH:
County: Prince Georges
City or town: Upper Marlboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 weeks
Hospital, Institution, or street address where death occurred: Tobacco Market Barracks
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: North Carolina County:
City or town: Farmville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Route 1 Box 163
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Jarvis Parker

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Separated

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 18, 1900

8. AGE:

Years	Months	Days	If less than one day
48	4	15	hrs. min.

9. Birthplace: Pitt Co., N. C.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Liggett & Myers Tobacco Co.
12. FATHER — Name: Ed Joyner
13. FATHER — Birthplace: Pitt Co., N. C.
14. MOTHER — Maiden name: Mary Parker
15. MOTHER — Birthplace: Pitt Co., N. C.
16. Informant: Noah Parker
Address: 800 Pine Street, Farmville N. C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 8 1948 (month) (day) (year)
Cemetery or crematory: Barrett Cemetery
Location: Farmville, N. C.
18. Funeral director: Ricks & Bros.
Address: Upper Marlboro, Md.
19. June 6 1948. Edna Collins (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 3 1948, at 6:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Acute congested heart failure	
Due to: Cardio vascular renal	
Due to: Anasarca	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Result medical examiner T. Ford M. D. or other
Address: Forestville Md. Date signed: 6-4-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 11 1948
BUREAU V. S.

6463

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 4 mos., 18 days

Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or Institution? 1 yr., 4 mos., 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: D. C. County:

City or town: 317 - 54th St., N. E., Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 317 - 54th St., N. E. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: PARRISH, ELIZABETH G

3. (b) Social Security Number: - - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: John Parrish 6.(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): December 7, 1867

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
80	6	17		

9. Birthplace: Dukeville, North Carolina (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: - - -

FATHER — 12. Name: Squire Glenn

13. Birthplace: ? North Carolina

MOTHER — 14. Maiden name: Elizabeth Hall

15. Birthplace: ? North Carolina

16. Informant: Deceased

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: June 26 1948 (month) (day) (year)

Cemetery or crematory:

Location: to Durham, N. C.

18. Funeral director: Stewart's Funeral Home.

Address: 30 H St NE Wash DC.

19. 6/25 (Date rec'd by registrar) 1948. Rowland S. Phillips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24 1948, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 5 1947, to June 24 1948 and that I last saw h... alive on June 23 1948

Immediate cause of death	DURATION
Pulmonary Tuberculosis	21 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucan M.D. M. D. or other

Address: Glenn Dale, Md. Date signed: 6/24/48

RECEIVED
JUL 6 1948
BUREAU V. S.

Evidence for change of the birth date shown on: FILM No. G 116 JUN 17 1948

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46g 6464

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince George Co.
City or town: Hyattsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 hrs.
Hospital, institution, or street address where death occurred: Eugene Leland Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Burtonsville Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Arthur Raymond Parsley.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	

6.(b) Name of husband or wife: Clara Simpson Parsley — 6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 3, 1872

8. AGE: Years	Months	Days	If less than one day
75	6		hrs. min.

9. Birthplace: Bethesda, Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
12. FATHER — Name: John William Parsley
13. FATHER — Birthplace: Not known
14. MOTHER — Maiden name: Mary Rebecca Jenkins
15. MOTHER — Birthplace: Not known
16. Informant: Mary Rebecca Parsley
Address: Burtonsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5 1948 (month) (day) (year)
Cemetery or crematory: UNION CEMETERY
Location: BURTONSVILLE, Md.
18. Funeral director: J ARTHUR WALTERS
Address: 205 WASH. BLVD., LAUREL, Md.
19. June 3 1948 (Date rec'd by registrar) James Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 3, 1948 at 11 12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1948, to June 3 1948 and that I last saw him alive on June 2 1948

Immediate cause of death	DURATION
Toxemia	2 wk.
Due to: biliary obstruction	2 months
Due to: Carcinoma head of pancreas	2 months+
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. O. Schaffenberg M.D.
M. D. or other
Address: 4404 Queensbury Rd. Riverdale, Md. Date signed 6-3-48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

John T. Mahoney
Deputy Medical Examiner
notified.

RECEIVED
JUN 7 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6465

13b

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year, 25 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 1 year, 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1714 - 14th St., S.E.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: JOHN H. PATROKAS

3. (b) Social Security Number: - - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary Patrokas

6.(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): August 14, 1897

8. AGE: Years	Months	Days	If less than one day
50 50	9	27	....hrs. ....min.

9. Birthplace: Callamata, Greece (Town, county, and state)

10. Usual occupation: Waiter

11. Industry or business: - - -

FATHER

12. Name: Harry Patrokas

13. Birthplace: Greece

MOTHER

14. Maiden name: Mary Strumbos

15. Birthplace: Greece

16. Informant: Deceased

Address

17. Burial. (Burial, cremation, or removal. Which?) Date thereof 6 12 48. (month) (day) (year)

Cemetery or crematory: Glenn Wood

Location: Wash - DC.

18. Funeral director: Simmons Bros

Address: 2007 - Nichols Ave. S.E.

19. 6/10/48. (Date rec'd by registrar) 19.... Rowland S. Philips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10 1948 at 7 30 A M

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from May 15 1947 to June 10 1948

and that I last saw h...m alive on June 10 1948

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 yr 8 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ....Date of op.....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ....Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ....Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale, Md., Date signed 6/10/48.

M

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 14 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92C

6466

CERTIFICATE OF DEATH

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Suitland Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred: 4637 Silver Hill Road S.E.

How long in hospital or institution? not in hospital at present

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: (Suitland, Md.) Washington D.C.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4637 Silver Hill Road S.E.

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Janet Ruth Perry

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	W	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 12 1939

8. AGE: Years: 9 | Months: | Days: | If less than one day: ... hrs. ... min.

9. Birthplace: Prince Geo. Co. Maryland (Town, county, and state)

10. Usual occupation: School

11. Industry or business: —

FATHER — 12. Name: Ellis Neal Perry Sr.

FATHER — 13. Birthplace: Bristol, Virginia

MOTHER — 14. Maiden name: Lucile Seymour

MOTHER — 15. Birthplace: Washington D.C.

16. Informant: Lucile Catherine Perry

Address: 4637 Silver Hill Road S.E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 2-1948 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland Md.

18. Funeral director: Arthur E. Simmons Jr.

Address: 2001 Nichols Ave S.E.

19. Jun 30 1948 (Date rec'd by registrar) Howard I Beall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1948 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1948 to June 30 1948 and that I last saw her alive on June 29 1948

Immediate cause of death: acute Congestive Heart failure — DURATION: 3 days

Due to: Rheumatic fever with Endocarditis — DURATION: 3 mo.

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: — none — Date of op. —

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Date: Current

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Earl O Van Hatton M. D. or other

Address: 5740 Silver Hill Rd Date signed: June 30 1948

Hi 3936

RECEIVED
JUL 7 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

6467

CERTIFICATE OF DEATH

Reg. Diat. No. 05

Reg. Dist. No 240

1. PLACE OF DEATH:

County Prince Georges

City or town Brandywine (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years

Hospital, institution, or street address where death occurred: Brandywine Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Brandywine (If outside city or town limits, write RURAL and give nearest town)

Street No. Brandywine Road (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Elizabeth Caroline Proctor

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife Sylvester Proctor

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 1, 1879

8. AGE: Years 69 | Months | Days | If less than one day ..... hrs. ..... mtn.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER 12. Name Thomas Henry Proctor

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Francis Patricia Proctor

MOTHER 15. Birthplace Maryland

16. Informant Florence A. Proctor

Address Brandywine, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-16-48 (month) (day) (year)

Cemetery or crematory St Peters

Location Waldorf Md

18. Funeral director Hurdt & Ryton

Address Waldorf Md

19. 6-15 19 48 (Date rec'd by registrar) M. C. Moore Registrar

6-17-1948 A. N. Billingsley

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 19 48, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943 to June 13 19 48

and that I last saw h[illegible] alive on May 13 19 48

Immediate cause of death Acute congestive heart failure — DURATION

Due to Cardio-vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James J. Ford M. D. or other

Address Waldorf Md Date signed 6-15-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 19 1948
BUREAU V. S.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46b 6468

FILM No. G 116 JUN 24 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
County Prince Georges
City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, Institution, or street address where death occurred: Prince Georges Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Prince Georges
City or town Brentwood Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3808 Bunker Hill Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Gladys Rausch

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife Harry W Rauch
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1894 (1894)

8. AGE: Years 63 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Aquilla Windham
13. Birthplace Md

MOTHER
14. Maiden name Emmaline Nicholson
15. Birthplace Md

16. Informant Corrine Johnson
Address 3808 Bunker Hill Rd Brentwood Md

17. Transportation (Burial, cremation, or removal. Which?) Date thereof June 18 1948 (month) (day) (year)

Cemetery or crematory Fairmount
Location Willow Spring Dell
18. Funeral director F Gaskill Sons
Address Hyattsville Md

19. June 18 1948 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 June 1948 at 10:20 PM

21. I CERTIFY that death occurred on the date above elated; that I attended deceased from 5-20 1948 to 6-15 1948
and that I last saw h.. alive on 6-15 1948

Immediate cause of death	DURATION
Hemorrhage	
Pancreatitis & Acute	
Peritonitis following	3 days
Due to Total Gastrectomy	5-31-48
for Gastric Carcinoma	2 yrs?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of Stomach Date of op. 5-31-48
Autopsy results Same
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE H Bruns M.D. (M. D. or other)
Address Mt Rainier Md. Date signed 6-16-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect or illegible entry is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 19 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

6469

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

County Prince Georges

City or town Laurel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County P. Geo.

City or town Landover

(If outside city or town limits, write RURAL and give nearest town)

Street No. Central Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Arthur Ridgley, Sr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Married

6.(b) Name of husband or wife Mary

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3/15/1863

8. AGE:

Years	Months	Days	If less than one day
85			..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Lewis Ridgley

13. Birthplace Md

MOTHER

14. Maiden name Mary ?

15. Birthplace Laurel, Howard Co., Md.

16. Informant Lewis Ridgley

Address Landover, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 29, 1948 (month) (day) (year)

Cemetery or crematory Ridgley Cemetery

Location Landover, Md

18. Funeral director John T. Stewart

Address 30 - X St. N.E.

19. June 25 1948 Carrie F. Campbell

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1948 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30 1948 to June 25 1948, and that I last saw him alive on June 23 1948

Immediate cause of death	DURATION
Acute congestive heart failure	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE E. C. Wiggins M.D. M. D. or other

Address 704 24th N.W. Date signed 6-25-48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-Q-7,W.

Leonardtown, Md.

Westleigh Undertaker.

RECEIVED
JUN 28 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

6470

CERTIFICATE OF DEATH

Reg. Diat. No. 242

M

1. PLACE OF DEATH:

County Prince Georges

City or town Maryland Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 years

Hospital, Institution, or street address where death occurred:

6411 - 53 Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Maryland Park

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6411 - 53 Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Hila Ardelia Catherine Rose

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife James Frank Rose

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 24, 1880

8. AGE: Years	Months	Days	If less than one day
68			..... hrs. ..... min.

9. Birthplace West Virginia (Town, county, and State)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Aquine Bradley

13. Birthplace West Virginia

MOTHER 14. Maiden name Harriett McGuire

15. Birthplace West Virginia

16. Informant Blanche E. Shutt

Address 6409 - 53 St, Maryland Park, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/4/48 (month) (day) (year)

Cemetery or crematory Addison Chapel

Location Seat Pleasant Maryland Md

18. Funeral director J. Wm. Lee Sons Co.

Address 1300 - 4 - St N.E. - D.C.

19. June 2 19 48 Carrie F. Campbell Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 19 48 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
a. acute congestive heart failure	
Due to b. Cardiovascular renal disease	
Due to	
Other conditions Diabetes	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Deputy medical Examiner

M.D. or other

Address Forestville Md Date signed 6-1-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

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JUN 4 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

45 b

6471

CERTIFICATE OF DEATH

Reg. Diat. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Prince George Hospital

City or town: Cheverly, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 days

Hospital, institution, or street address where death occurred: Prince George Hospital

How long in hospital or institution? 43 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Mt. Rainier

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2704 Upshur St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Sandholzer Mr. Leslie A.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	white	married

6.(b) Name of husband or wife: Marjorie Sandholzer 6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 7, 1903

8. AGE:

Years	Months	Days	If less than one day
44	2	3	hrs. min.

9. Birthplace: New York (Town, county, and state)

10. Usual occupation: Bacteriologist

11. Industry or business: U. S. Dept of Interior

FATHER 12. Name: Henry R. Sandholzer

13. Birthplace: Newton, Mass.

MOTHER 14. Maiden name: Viviana A. Backman

15. Birthplace: Evanston Ill.

16. Informant: Leslie Sandholzer

Address: 2704 Upshur St - Mt Rainier Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 6/12/48 (month) (day) (year)

Cemetery or crematory: J. Wm. Lee Sons Co.

Location:

18. Funeral director: J. Wm. Lee Sons Co

Address: 300 - 4th St N.E. Wash. D.C.

19. June 11 1948 (Date rec'd by registrar) Amanda Dawney Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/11 1948 at 6 45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1947 to June 11 1948 and that I last saw him alive on June 11 1948

	DURATION
Immediate cause of death: Carcinoma of tongue	2 yrs
Due to:	
Due to:	
Other conditions: Diabetes	8 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harry F. Davies M D M. D. or other

Address: 1835 Eye St N W Wash D C Date signed: June 11 48

RECEIVED
JUN 17 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6472

48a

CERTIFICATE OF DEATH

Reg. Diat. No. 231

1. PLACE OF DEATH:

County Prince George

City or town Chesery

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 days

Hospital, Institution, or street address where death occurred:

Princi Georges General Hosp

How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 7753 Emerson Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Schultz, Mrs. Jennie

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar 31, 1870

8. AGE: Years 78 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Oakland (Town, county and state) Md

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Wm Browning

13. Birthplace Md.

14. Maiden name Mary Gutherie

15. Birthplace West Va

16. Informant Gertrude Browning

Address Oakland Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28/1948 (month) (day) (year)

Cemetery or crematory Oaklannd

Location Oaklannd Md.

18. Funeral director Emory Bolden

Address Oaklandy md

19. 6/28 19 48 Amanda Downey (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

15

20. DATE OF DEATH June 25 19 48 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 19 48 to June 25 19 48 and that I last saw h. alive on June 24 19 48

	DURATION
Immediate cause of death Uremia	15 days
Due to	
Due to	
Other conditions Carcinoma, cervix, inoperable (Include pregnancy within 3 months of death)	15 yrs.

Major findings of operations None performed

Date of op.

Autopsy results None performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Julius Kaufman M. D.

M. D. or other

Address 5423 Connecticut Ave. Date signed 6/25/48

Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 30 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6473

132

Reg. Dist. No. 818

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince George
City or town: Cedar Hgts.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yr.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Prince George
City or town: Cedar Hgts
(If outside city or town limits, write RURAL and give nearest town)
Street No. 919- 62nd Pl.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Lynn Scott

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Widowed

6.(b) Name of husband or wife: Jennie Scott
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Approx. 85	-	-	..... hrs. ..... min.

9. Birthplace: Virginia
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Pleasent Scott
13. Birthplace: Va.
MOTHER 14. Maiden name: Jane Walker
15. Birthplace: Va.
16. Informant: Mrs. Martha Cooper
Address: 919- 62nd Pl.
17. Removal (Burial, cremation, or removal. Which?) Date thereof June 22, 1948 (month) (day) (year)
Cemetery or crematory: Crepper
Location: Md.
18. Funeral director: McGuire Funeral Serv.
Address: 1820 - 9 st. N.W.
19. June 22 1948 (Date rec'd by registrar) Carrie Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-22 19 48 at 1 30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-17 19 48 to 6-22 19 48
and that I last saw h.r.m. alive on 6-22 19 48

Immediate cause of death	DURATION
Heart failure	
Due to: Senility	
Due to: Uremia	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Harry N. Jones M. D. or other
Address: 510- 42nd Ave NE Date signed: 6-22-48

RECEIVED
JUN 24 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

6474

CERTIFICATE OF DEATH

Reg. Diat. No. 231

1. PLACE OF DEATH:
County Prince Georges
City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, Institution, or street address where death occurred:
6113 Lombard St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Geo.
City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6113 Lombard Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
Glenn Prescott Smith

3.(b) Social Security Number
413-42-1154

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Lillian L. Smith
6.(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) May 19, 1901

8. AGE: Years	Months	Days	If less than one day
47		14	hrs. min.

9. Birthplace Beaumont, Kansas
(Town, county, and state)
10. Usual occupation Accountant
11. Industry or business
FATHER 12. Name Carl B. Smith
13. Birthplace Ohio
MOTHER 14. Maiden name Frances Ethel Prescott
15. Birthplace Kansas
16. Informant Lillian L. Smith
Address 6113 Lombard St.
17. Transportation (Burial, cremation, or removal. Which?) Date thereof June 4, 1948 (month) (day) (year)
Cemetery or crematory Emporia Kansas
Location
18. Funeral director I Eastburn & Son Hyattsville Md.
Address
19. 6/3 1948 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 48, at 6.45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cardiac Decompensation	1 wk
Due to	
Due to	
Other conditions Diabetes	4 yrs

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE John D. Maloney Deputy Med. Exam. M. D.
Address Cheverly-Hyattsville Date signed 6-2-48.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cottage is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 7 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

6475

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH:
County Prince George
City or town Highland Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Highland Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1108 70th Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Bessie Stewart

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife William H. Stewart

7. Birth date of deceased (mo., day, yr.) June 4-1889 6.(c) If alive, give age 63 years

8. AGE: Years 59 | Months | Days 14 | If less than one day ... hrs. ... min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden name Madrala ?
15. Birthplace Va.

16. Informant Wm. H. Stewart Jr.
Address 1108 70 Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 21 1948 (month) (day) (year)
Cemetery or crematory Ridgely Cemetery
Location Ridgely Md.

18. Funeral director Henry S. Washington & Son
Address 467 N. Cap. St. N.W. Washington D.C.

19. June 18 1948 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1948 at 2:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1948 to June 18 1948 and that I last saw her alive on June 17 1948

	DURATION
Immediate cause of death Coronary Thrombosis (Recurrent)	2 yr.
Due to Coronary Sclerosis	3 yrs
Due to Arteriosclerotic Cardio-Vascular Disease	??
Other conditions Essential Hypertension	??

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert Nelson, MD M. D. or other
Address 411 Grant St. N.W. Washington D.C. Date signed 6/18/48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 21 1948
BUREAU V. S.

Evidence for change of age. shown on

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

488

6476

FILM No. G 116 AUG 3 - 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:
County: Prince Georges
City or town: Forestville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince Geo
City or town: Forestville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Katherine E. Stewart

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Colored	married

6.(b) Name of husband or wife: Osborne N. Stewart
6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Oct 22 1881

8. AGE: Years: 66 Months: 8 Days: 2 If less than one day: hrs. min.

9. Birthplace: Croome Md. (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER 12. Name: John Breedlove
13. Birthplace: Prince Geo

MOTHER 14. Maiden name: Nellie Barnes
15. Birthplace: Prince George

16. Informant: Osborne N. Stewart
Address: Upper Marlboro R.I. Box 285

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 27 1948 (month) (day) (year)
Cemetery or crematory: Union Cemetery
Location: Upper Marlboro

18. Funeral director: J.B. Johnson
Address: Annapolis Md.

19. June 25 1948 (Date rec'd by registrar) R.E. Duvall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24 1948 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1948 at 9.45 P.M. to and that I last saw h er alive on June 23 1948

Immediate cause of death	Carcinoma of the uterus & adnexae	DURATION
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings of operations: Adnexa removed. Date of op. March and April (2)

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: A H Maloney M. D. or other
Address: Upper Marlboro, Md. Date signed: June 26, 1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 29 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93 b

6477

Reg. Dist. No. 245

1. PLACE OF DEATH: County Prince Georges' City or town Riverdale, Md (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 16 yrs Hospital, institution, or street address where death occurred: 6205 New York Place How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Prince Georges' City or town Riverdale (If outside city or town limits, write RURAL and give nearest town) Street No. 6205 New York Place (If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Betty Ann Stokes

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Benjamin Daniel Stokes

6.(c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.): 7 Jan 1869

8. AGE: Years 19 Months 5 Days 16 If less than one day ... hrs. ... min.

9. Birthplace: Fluvana County, VA (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: None

FATHER 12. Name: James Williams

13. Birthplace: Louisa County, VA

MOTHER 14. Maiden name: Priscilla Butler

15. Birthplace: Louisa Co, VA.

16. Informant: Odie Lee Stokes

Address: Charlottesville, VA

17. Disposition: transportation (Burial, cremation, or removal (Which?)) Date thereof June 24 1948 (month) (day) (year)

Cemetery or crematory: Charlottesville

Location: —

18. Funeral director: F. Grocia Sons

Address: Hyattsville Md

19. 6/24/1948 (Date rec'd by registrar) Amanda L Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 June 1948 at 11 30 P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 18 June 1948 to 23 June 1948 and that I last saw her alive on 23 June 1948

Immediate cause of death: Cerebral Thrombosis — Duration: 4 days

Due to: Arteriosclerosis — Duration: —

Due to: Hypertension — Duration: —

Other conditions: — Duration: —

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: W. K. Elaine, M.D. M. D. or other

Address: Berwyn, Md Date signed 6/23/48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 26 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6478

13 a

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince Georges
City or town: Forestville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince Georges
City or town: Forestville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No.

3. (a) FULL NAME Everett Monroe Suit

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Hannah E. Suit (nee Allen) 6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): July 4, 1877

8. AGE: Years	Months	Days	If less than one day
70	11	4	...hrs. ...min.

9. Birthplace: Forestville, Md. (Town, county, and state)

10. Usual occupation: Foreman

11. Industry or business: Govt. Geo. C. Roads

FATHER
12. Name: John T. B. Suit
13. Birthplace: don't know

MOTHER
14. Maiden name: Rachael E. Ryan
15. Birthplace: Pr. Ges. Co. Md

16. Informant: Mrs. Hannah E. Suit
Address: Forestville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 1948 (month) (day) (year)
Cemetery or crematory: Forestville Episcopal Church
Location: Forestville Md.

18. Funeral director: Ritchie Bros
Address: Upper Marlboro Md

19. June 10 1948 Edna Gelwicks (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Tuesday June 8 1948, at 3:16 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 30 May 1948 to 8 June 1948 and that I last saw h.. alive on 8 June 1948

Immediate cause of death	DURATION
Cerebral vascular accident	3 days
Due to: Hypertensive Cardio vascular Renal disease	2 wks.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ... Date of op. ...

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ... Injured at work?

23. SIGNATURE: Robert B. Janney M. D.
Address: Upper Marlboro, Md. Date signed: 9 Jun 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS A15

RECEIVED
JUN 14 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

6479

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Hyattsville Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5421 - 14th Place

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Margaret Ann Thomas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife William A

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1859

8. AGE: Years 88 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Pa (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Allison

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Margaret Thomas

Address 5421-14th Pl Hyattsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-21-1948 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Suitland, Md

18. Funeral director Robert A. Mattingly

Address 131-11th St SE Washington DC

19. June 19 1948 (Date rec'd by registrar) James Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948 at 6 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1948, to June 19 1948

and that I last saw her alive on June 18 1948

Immediate cause of death Cerebral Hemorrhage 6 day

with partial paralysis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. Signature Bruce P. Lee M.D.

M. D. or other

Address 1339 - Monroe N.E. Date signed 6/19/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 22 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6480

131 a

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH

County: Pro Geo

City or town: Laurel Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Warren Hospital; —

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Pro Geo

City or town: Bowie Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Edward Albert Thirles (Thirles)

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17 1904

8. AGE: Years	Months	Days	If less than one day
43			hrs. min.

9. Birthplace Lanham Md (Town, county, and state)

10. Usual occupation merchant

11. Industry or business Lunch

FATHER 12. Name James Edward Thirles

FATHER 13. Birthplace Md

MOTHER 14. Maiden name Mary H Gundline

MOTHER 15. Birthplace Md

16. Informant Alma D Belbaugh

Address Bowie Md

17. Burial, cremation, or removal. Which? Bowie Date thereof June 8. 1948 (month) (day) (year)

Cemetery or crematory Whitfield Cemetery

Location Lanham Md

18. Funeral director E Gaeths sons

Address Hyattsville Md.

19. June 6 1948 M. Brashears

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948 at 2:10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 5 1948 and that I last saw h[illegible] alive on June 5 1948

Immediate cause of death	DURATION
(a) Uremia	
Due to (b) Hypertensive Cardio Vascular Renal dis.	3 yrs
Due to (c) Hypertension	6
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Malignant hypertension Acute Myocardial Lesion May 48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J M Warren M.D. M. D. or other

Address Laurel Date signed 6/5/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 9 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164C

6481

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George's

City or town: Mitchellville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 months

Hospital, institution, or street address where death occurred: Clagett's Farm

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George's

City or town: Mitchellville

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Clagett's Farm

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME John Columbus Tomlinson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Widower

6.(b) Name of husband or wife: Minnie Tomlinson

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 1, 1871

8. AGE:	Years	Months	Days	If less than one day
	77	3	24	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: John Tomlinson

13. Birthplace: England

MOTHER — 14. Maiden name: Elizabeth Boswell

15. Birthplace: Maryland

16. Informant: John A. Garner

Address: Mitchellville, Md.

17. (Burial, cremation, or removal. Which?) Burial — Date thereof: June 28, 1948 (month) (day) (year)

Cemetery or crematory: Mt. Carmel

Location: Upper Marlboro, Md.

18. Funeral director: Ritchie Bros.

Address: Upper Marlboro, Md.

19. June 26 1948 (Date rec'd by registrar) Louise H. Peach Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h...ative on ..... 19.....

Immediate cause of death	DURATION
Hemorrhage and shock	
Due to: Gun shot wounds of chest	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: 6-25-48

Where did injury occur? Mitchellville (City or town) P.G. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Shotgun with self Injured at work? Yes

Deputy medical Examiner

23. SIGNATURE: ..... M. D. or other

Address: Hyattsville, Md. Date signed: 6-25-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415 9-45-15M

RECEIVED
JUL 6 1948
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

93d

6482

FILM NO. G 116 AUG 4 - 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince Georges
City or town Takoma Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. George
City or town Takoma Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7101 - 13th Ave - Hillwood Manor Takoma Pk.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME ~~Hugo~~ Susan Sherwood Ulrich

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6.(b) Name of husband or wife
6.(c) If alive, give age yeare

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1872

8. AGE: Years	Months	Days	If less than one day
75-76	8	11	hrs. min.

9. Birthplace Louisa County Va
(Town, county, and state)

10. Usual occupation House-wife

11. Industry or business

FATHER
12. Name John Sherwood
13. Birthplace N. Carolina

MOTHER
14. Maiden name Jane Ballard.
15. Birthplace ?

18. Informant Mrs. Ruby E. Ashmore
Address 1437 - R.I. Ave N.W.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 22 1948
(month) (day) (year)

Cemetery or crematory
Location White Stone L.I. New York City N.Y.

18. Funeral director J. Arthur Walters
Address 754 Carroll St. NW Tak. Park D.C.

19. June 20 1948 Mrs. Jas. Severe
(Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1945 at 2 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Cardio-vascular disease	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John J. Mahoney Dep. Med. Exam
M. D. or other
Address Beverly - Hyattsville Date signed 6-20-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 22 1948
BUREAU V. S.

6483

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 245

M

1. PLACE OF DEATH:

County: Prince George

City or town: Takoma Park, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs.

Hospital, institution, or street address where death occurred:

6616 Poplar Ave.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Prince George

City or town: Takoma Park

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6616 Poplar Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Elizabeth D Weed.

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married.

6.(b) Name of husband ~~or wife~~: Louis A. Weed.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 22, 1874

8. AGE: Years 74 | Months — | Days 17 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: H-wife.

11. Industry or business

FATHER 12. Name: Edward Eckloff

13. Birthplace: Washington, D.C.

MOTHER 14. Maiden name: Blanche Westerfelt.

15. Birthplace: Washington, D.C.

16. Informant: Louis A. Weed

Address: 6616 Poplar Ave, Tak. Pk., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 10, 1948 (month) (day) (year)

Cemetery or crematory: Geo. Wash. Mem. Pk.

Location: Pr. Geo. Cy. Md.

18. Funeral director: W. W. Chambers Co.

Address: 5801 Cleveland Ave, Riverdale Md.

19. June 8 1948 Mrs Jean Severe Deputy Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1948 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1948 to June 8 1948 and that I last saw h. alive on June 8, 1948

Immediate cause of death	DURATION
Bronchopneumonia	3 days.
Due to: Congestive Heart Failure	2 months.
Due to: Arteriosclerotic Heart Disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically. —

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Harry B Orleans MD. M.D. or other

Address: 9500 Colesville Rd Date signed: June 8, 1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15 9-45-15M

RECEIVED
JUN 9 1948
BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

6484

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:
County Prince George's Co.
City or town Cheltenham
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Prince Georges Co.
City or town Cheltenham
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No.

3.(a) FULL NAME Fred Christ Herner

3.(b) Social Security Number 213-24-2946

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Julia Ann Herner
B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1878

8. AGE: Years	Months	Days	If less than one day
69	9	15	hrs. min.

9. Birthplace Somerset Co. Penna.
(Town, county, and state)
10. Usual occupation Mechanic's Helper
11. Industry or business Andrews Field
FATHER 12. Name Christ Herner
13. Birthplace Germany
MOTHER 14. Maiden name Smith
15. Birthplace Pennsylvania
16. Informant Mrs. Adam Foster Herner
Address Cheltenham, P.O. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3, 1948 (month) (day) (year)
Cemetery or crematory Mt. Lebanon Church Cemetery
Location Northampton Township Somerset Co. Pa.
18. Funeral director Pickle Bros. - Johnson + Son
Address Upper Marlboro, Md. - Berlin, Pa.
19. July 1 19 48 F.W. Billingsley Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Wed. June 30 19 48, at 7 15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 June 1948, to 30 June 1948, and that I last saw him alive on 29 June 1948.

	DURATION
Immediate cause of death Coronary Thrombosis	5 min.
Due to Arteriosclerotic C.V. Disease	Unk
Due to	
Other conditions Angina Pectoris	6 mos.

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert B. Dawson M. D.
Address Upper Marlboro, Md. Date signed 1 July 48

RECEIVED
JUL 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

132

6488

CERTIFICATE OF DEATH

Reg. Diat. No. 746

1. PLACE OF DEATH:
County: Prince Georges
City or town: Hyattsville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 weeks
Hospital, institution, or street address where death occurred: 6107 - Queens Chapel Rd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pgs Geo
City or town: Hyattsville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6107 Queens Chapel rd
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John Frederick Wigginton

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	unknown

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1882

8. AGE: Years 66 | Months 4. | Days 11 | If less than one day ..... hrs. ..... min.

9. Birthplace Virginia. (town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name W. J. Wigginton

13. Birthplace Va

MOTHER 14. Maiden name Katherine Abel

15. Birthplace Va

16. Informant W. A. Wigginton

Address Falmouth Va

17. removal (Burial, cremation, or removal. Which?) Date thereof June 25. 1948 (month) (day) (year)

Cemetery or crematory Stafford County

Location Va

18. Funeral director F Gaschisons

Address Hyattsville Md.

19. June 25 1948 James Seney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948, at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Uremia	
Due to Renal Insufficiency	3 mos.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE John D. Maloney Dep. Med. Exam. M. D. or other
Address Cloverly-Hyattsville Date signed 6-24-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JUN 26 1948
BUREAU V. S.

Evidence for change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

59 b

6485

FILM No. G 116 AUG 2 - 1948

CERTIFICATE OF DEATH

Reg. Diat. No. 242

1. PLACE OF DEATH:

County: Prince George County

City or town: Hyattsville Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs

Hospital, Institution, or street address where death occurred: 1305 - 52nd Ave, Hyattsville, Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Prince George Co.

City or town: Hyattsville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1305 - 52nd Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME ALBERTA MAE WILSON

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Divorced

6.(b) Name of husband or wife: Calvin D. Wilson

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 7 - 1895

8. AGE: Years	Months	Days	If less than one day
52	6	9	hrs. min.

9. Birthplace: Ohio (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: George Chas Simpson

13. Birthplace: Ohio

MOTHER — 14. Maiden name: Catherine Cooper

15. Birthplace: Ohio

16. Informant: Catherine C Pentes

Address: 1505 - 52nd Ave, Hyattsville Md

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JUNE 29/1948 (month) (day) (year)

Cemetery or crematory: WASH. NAT'L CEMETERY

Location: PRINCE GEORGES COUNTY

18. Funeral director: W. W. Chambers Co

Address: 1400 Chapin St. N.W.

19. 6/27/48 (Date rec'd by registrar) 19 Carrie Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26 1948 at 5 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 1946 to June 26 1948

and that I last saw h alive on June 26 1948

	DURATION
Immediate cause of death: Chronic Myocardosis	2-3 years
Due to: Chronic Arthritis	15 years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William Brannin M. D. or

Address: Capitol Hgts, Md Date signed 6/26/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUL 1 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6486

167

Reg. Diat. No. 230

1. PLACE OF DEATH:

County: Prince Georges

City or town: Branchville, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Highway

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Georgia County:

City or town: Savannah

(If outside city or town limits, write RURAL and give nearest town)

Street No.: East 42nd St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Marion Thomas Wilson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C.	?

6.(b) Name of husband or wife: ?

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): unknown 1924

8. AGE: Years: 24 Months: Days: If less than one day: hrs. min.

9. Birthplace: South Carolina (Town, county, and state)

10. Usual occupation: laborer

11. Industry or business:

FATHER — 12. Name: unknown

13. Birthplace: unknown

MOTHER — 14. Maiden name: Nellie B. ?

15. Birthplace: South Carolina

16. Informant: Dorothy Knights

Address: Savanah Ga

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 2, 1948 (Month) (Day) (year)

Cemetery or crematory: Methodist Cemetery

Location: Bladensburg Md

18. Funeral director: L Gaschel Sons

Address: Hyattsville Md.

19. 7/2 1948 (Date rec'd by registrar) Amanda Dorsey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 1948 at 10 25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Hemorrhage & Shock	
Due to: Laceration of Int Jugular	
Due to: Vein & Int. Carotid Artery	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: homicide Date of: June 28, 1948

Where did injury occur? Branchville (City or town) Prince Geo. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Highway

Means of injury: Stabbing Injured at work? Dep. Med.

23. SIGNATURE: John J. Maloney Exam M.D. or other

Address: Beverly, Hyattsville Md. Date signed: July 2, 1948

VS A15 5-45 15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

6487

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince Georges
City or town: Chapel Oaks
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs.
Hospital, institution, or street address where death occurred: 1413 - 57" Place
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town: Chapel Oaks
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1413 - 57" Place
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Robert Lee Wilson

3.(b) Social Security Number 578-14-2147

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Widowed

6.(b) Name of husband or wife: Mamie Wilson
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 10, 1881

8. AGE: Years 67 | Months 1 | Days 14 | If less than one day ..... hrs. ..... min.

9. Birthplace: Pennsylvania Co., Va.
(Town, county, and state)

10. Usual occupation: Plasterer

11. Industry or business

FATHER
12. Name: Tom Wilson
13. Birthplace: Penn. Co., Va.

MOTHER
14. Maiden name: Betsie Badgett
15. Birthplace: Swansonville, Va.

16. Informant: Mrs. Elnora Thomas
Address: 1413-57" Pl.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-28-48 (month) (day) (year)
Cemetery or crematory: Woodlawn Cemetery
Location: 4600 Benning Rd. Wash. D.C.

16. Funeral director: Malvaa + Schey Inc.
Address: 424 - Rst. NW.

19. June 24 19 48 (Date rec'd by registrar) Carrie Campbell (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 19 48 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14, 19 48, to June 24 19 48 and that I last saw him alive on June 24 19 48

	DURATION
Immediate cause of death: Congestive Heart Failure	2 days
Due to: Hypertensive Cardio-Vascular Disease	Undetermined
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE John W Robinson, M.D.
M. D. or other
Address 100 Eastern Ave. NE Md. Date signed 6/24/48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 28 1943
BUREAU V. S

6489

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

135

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs., 2 mos., 26 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 2 yrs., 2 mos., 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2133 Wards Place, N. W.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: WILSON SALLIE

3.(b) Social Security Number: - - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife: - - -

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 24, 1923

8. AGE: Years	Months	Days	If less than one day
25 25	1	29	hrs. min.

9. Birthplace: Belton, South Carolina (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: - - -

FATHER — 12. Name: Jesse Wilson

FATHER — 13. Birthplace: Newberry, South Carolina

MOTHER — 14. Maiden name: Leila Cunningham

MOTHER — 15. Birthplace: Anderson, South Carolina

16. Informant: Deceased

Address:

17. Removal to Wash. D.C. Date thereof 6 23 48 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: Antone B Boyd

Address: 1238-20 3 St NW

19. 6/23 1948 Rowland S. Phillips (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1948 at 6 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/26 1946 to 6/22 1948 and that I last saw her alive on 6/22 1948

Immediate cause of death: pulmonary Tuberculosis — DURATION: 30 mos.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Md. Date signed 6/22/48

RECEIVED
JUL 6 1948
BUREAU V. S.